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# Situation analysis of **Children and Women in Afghanistan**

August 2021



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**Children and Women  
in Afghanistan**

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This Situation Analysis was developed  
by UNICEF Afghanistan.





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## Acronyms

ADB	Asian Development Bank
AFP	Acute Flaccid Paralysis
AFSEN	Afghanistan Food Security and Nutrition
AGEs	Anti-Government Elements
AHS	Afghanistan Health Survey
AIHRC	Afghanistan Independent Human Rights Commission
ALC	Accelerated Learning Centre
ALCS	Afghanistan Living Conditions Survey
A-MPI	Afghanistan Multidimensional Poverty Index
ANDSF	Afghan National Defense and Security Forces
ANPDF	Afghanistan National Peace and Development Framework
APPRO	Afghanistan Public Policy Research Organization
ARR	Annual Rate of Reduction
ARTF	Afghanistan Reconstruction Trust Fund
AUWSSC	Afghanistan's Urban Water Supply Sewerage System Corporation
BCC	Behavioural Change Communication
BPHS	Basic Package of Health Services
BSFP	Blanket Supplementary Feeding Programme
CBE	Community-Based Education
CBS	Community Based Schools
CDCs	Community Development Councils
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSO	Afghanistan Central Statistics Organization
cVDPV	Circulating Vaccine-Derived Polioviruses
DDAs	District Development Assemblies
DFID	Department for International Development (UK)
DHS	Demographic and Health Survey
DoE	Department of Education
DoPH	Department of Public Health
DTP3	Diphtheria-tetanus-pertussis
EASO	European Asylum Support Office
ECW	Education Cannot Wait
EPHS	Essential Package of Hospital Services
EPI	Expanded Programme on Immunization
EQRA	Education Quality Reform in Afghanistan
EVAW	Elimination of Violence Against Women
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoIRA	Government of the Islamic Republic of Afghanistan

GPE	Global Partnership for Education
HAP	Household Air Pollution
HCFs	Health Care Facilities
HIV	Human Immunodeficiency Virus
HRDA	Human Resource Development Agency
HRP	Humanitarian Response Plan of Afghanistan
HRW	Human Rights Watch
IDP	Internally Displaced Person
IE&LFS	Income, Expenditure and Labour Force Survey in Afghanistan
ILO	International Labour Organization
IMF	International Monetary Fund
IOHR	International Observatory Human Rights
IOM	International Organization for Migration
IRC	International Rescue Committee
ISD	Infrastructure Development Department
ISDB	Islamic Development Bank
JMP	Joint Monitoring Programme
MCV1	Measles-Containing Vaccine first dose
MHM	Menstrual Hygiene Management
MMR	Maternal Mortality Ratio
MoE	Ministry of Education
MoF	Ministry of Finance
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoLSA	The Ministry of Labor and Social Affairs
MoMD	Ministry of Martyrs and Disabled
MoPH	Ministry of Public Health
MoWA	Ministry of Women's Affairs
MPI	Multidimensional Poverty Index
MRRD	Ministry of Rural Rehabilitation and Development
MUDH	Ministry of Urban Development and Housing
NAFA	National Assessment Framework for Afghanistan
NESP	National Education Strategic Plan
NGO	Non-Governmental Organization
NSIA	National Statistics and Information Authority
NWARA	National Water Affairs Regulatory Authority
O&M	Operation and Maintenance
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OD	Open Defecation
ODA	Official Development Assistance
ODF	Open Defecation Free
OHCHR	Office of the High Commissioner for Human Rights



OOSC	Out-of-School Children
OPV3	Oral Polio Vaccine type 3
PENTA3	Pentavalent vaccine
PPP	Purchasing Power Parity
PRRD	Provincial Rural Rehabilitation and Development Department
RUSF	Ready to Eat Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
Ru-WatSIP	Rural Water Supply, Sanitation & Irrigation Programme
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendance
SDG	Sustainable Development Goal
SIAs	Supplementary Immunization Activities
SitAn	Situation Analysis
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UAMs	Unaccompanied Minors
UN	United Nations
UNAMA	UN Assistance Mission in Afghanistan
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VAWAG	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WHO EMRO	World Health Organization Eastern Mediterranean Regional Office
WIFS	Weekly Iron Folic Acid Supplementation
WinS	WASH in Schools
WPV1	Wild Polio Virus type 1
WSG	Water and Sanitation Sector Group
YHDO	Youth Health and Development Organization



## FOREWORD

This report on the Situation Analysis of Children and Women (SitAn) comes at an extremely challenging time for Afghanistan as the country transitions toward a new political system. Since the last update in 2014, we have seen significant progress across many areas, but the situation of children and women remains challenging. The continued insecurity, compounded by drought, a poor harvest, internal displacement and the COVID-19 pandemic continues to exacerbate the already adverse situation for Afghan children and their families.

The 2021 SitAn takes stock of Afghanistan's achievements in protecting and promoting children's rights. The SitAn uses human rights and equity frameworks to analyse the current situation of the fulfillment of the rights of children and women in the country and articulates the progress made towards achieving the rights related to the Sustainable Development Goals (SDGs) targets on child poverty, child health, education, access to water and sanitation, and those related to protection from violence, abuse, neglect and exploitation.

The report focuses on five overarching dimensions of children's rights:

- 1. Every child survives and thrives;**
- 2. Every child learns;**
- 3. Every child is protected from violence and exploitation;**
- 4. Every child lives in a safe and clean environment; and**
- 5. Every child has a fair chance in life.**

The guiding references for this SitAn are the SDGs, the Convention on the Rights of the Child, and International Human Rights conventions, including the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of Persons with Disabilities.

UNICEF has worked in Afghanistan for more than 65 years, lifting the lives of those in need and realizing the rights of every child. We won't stop. We're staying.

Herve Ludovic De Lys  
Representative  
UNICEF Afghanistan Country Office  
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# Executive summary

Despite significant progress, Afghanistan still faces challenges to the realization of children's and women's rights, with children being subject to all six grave violations affecting children in conflict<sup>1</sup>. In 2020, almost half of the Afghan population was living in humanitarian need<sup>2</sup> due to conflict, natural disasters, food insecurity, high cross-border mobility and the social, economic and health impacts of COVID-19 (OCHA 2020b). Poverty is also widespread, with almost one in two Afghans living below the national poverty line in 2019 (NSIA 2020). Peace in Afghanistan remains in a fragile state and the economy is weak as well as highly dependent on international aid. Lastly, social norms and harmful practices rooted in gender inequity are pervasive, with children and women being exposed to various extreme forms of violence and abusive behaviours, such as honour killings, child marriage, domestic abuse, and sexual violence.

The purpose of the 2021 SitAn of children and women in Afghanistan is to provide an up-to-date and comprehensive understanding of the realization of children's and women's rights in Afghanistan, including key areas of deprivation and causes of shortfalls and inequities. This evidence base aims to guide the development of policies, strategies, budgets, and national laws to create an environment for children that adheres to human rights' principles. Although reflecting the best state of knowledge at the time of writing, research for this SitAn was conducted in a context of significant changes and uncertainty for the country. In February 2020, a peace agreement was signed between the United States of America and the Taliban leading to the USA announcing the withdrawal of its troops by September 2021. This has created uncertainties for the peace outlook, as the key parties (the government and the Taliban) are yet to conclude a peace agreement).

The 2021 SitAn of children and women in Afghanistan follows a rights-based approach with a conceptual framework based on a wide range of international conventions, including the Convention on the Rights of the Child (CRC); the Afghanistan CRC Concluding Observations (and shadow paper by civil society); the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW); the Convention on the Rights of Persons with Disabilities (CRPD); and the United Nations Security Council Resolution 1325, which provides guidance on the protection of women in conflict situations. This SitAn further captures progress towards the Sustainable Development Goals (SDGs), with a focus on the goals and targets related to the realization of women's and children's rights. It uses in-depth data analysis, extensive desk review and insights from 20 interviews with key stakeholders in Afghanistan, and covers the following five overarching dimensions of children's rights:

- 6. Every child survives and thrives,**
- 7. Every child learns,**
- 8. Every child is protected from violence and exploitation,**
- 9. Every child lives in a safe and clean environment, and**
- 10. Every child has a fair chance in life.**

<sup>1</sup> These include killing and maiming, recruitment and use by armed forces or armed groups, detention and abduction, denial of humanitarian access, attacks against schools and hospitals, as well as sexual violence.

<sup>2</sup> People in humanitarian need defined as the most vulnerable people that have the most severe needs (severe, extreme, and catastrophic). These include but are not limited to internally displaced persons, returnees, and conflict-affected people.

Overall, the analysis reveals that despite progress being registered in the vast majority of indicators across the above five dimensions, significant deprivations persist across all these, and inequities by gender, location and wealth status are acute. Furthermore, the improvement registered in some indicators across the education, health, nutrition and child protection sectors are now slowing down or stagnating.

### Every child survives and thrives

The realization of children's and women's health-related rights in Afghanistan is poor, with significant deprivations prevailing particularly in maternal care and child mortality. The maternal mortality ratio was 638 per 100,000 live births in 2018, more than nine times higher than the SDG maternal mortality ratio target (70 deaths per 100,000 live births) (WHO 2019c). Similarly, the neonatal and under-five mortality rates remained high at 36 and 60 deaths respectively per 1,000 live births in 2019, most of which were preventable deaths, caused mainly by preterm birth complications and infections. Immunization, which is key to reducing child mortality, registered some progress, particularly in terms of delivery scale and the number of antigens covered by the national immunization programme. However, a large part of the Afghan target population remains unprotected against life-threatening diseases. In 2018, three in five and one in three of the target population was not fully immunized against measles as well as diphtheria, tetanus, and pertussis respectively (KIT Royal Tropical Institute, MoPH; NSIA, 2019).

Lastly, the children's and women's nutritional situation is a serious cause for concern. Malnutrition was highly prevalent in 2018, with an estimated 38 percent and 5 percent of children under the age of five being moderately or severely stunted, and moderately or severely wasted, respectively. It is possible that these numbers do not fully capture the extent of the problem. Firstly, these estimates were significantly lower than what would be expected in light of provincial anthropometric surveys conducted in Afghanistan in 2018 (KIT Royal Tropical Institute, MoPH; NSIA, 2019). Secondly, these estimates are likely to underestimate the prevalence of malnutrition in 2021, as they do not fully capture the impacts of the 2018-2019 drought. Indeed, estimates based on more recent data (including nutrition surveys collected by the Nutrition Cluster Afghanistan in 2019) point to a fast year-over-year increase in global acute malnutrition (GAM) caseloads from 2018 to 2020.

### Every child learns

The education sector in Afghanistan faces tremendous challenges, including large numbers of out-of-school children, an insufficient teacher workforce and poor-quality teachers, as well as a weak school infrastructure. While showing rapid progress from 2001 to 2012, education indicators have been improving at a slower pace since 2013. Progress achieved has been uneven, with a large number of girls, children living in rural areas, and children in Kuchi communities (nomadic Afghans) registering substantially higher than average deprivations.

School attendance indicators show the presence of significant deprivations in access to education. In 2016, 4.2 million Afghan children were out of school (CSO, 2018; NSIA, 2020a). School completion rates are very low. In 2015, only one in two, two in five, and one in four children and young adults in the relevant age group<sup>3</sup> completed primary school, lower secondary school, and upper secondary school respectively (UNESCO Institute for Statistics). Combining data on attendance rates, out of school children and drop-out rates show that poor educational attendance in Afghanistan is driven by being out of school, and – particularly – by not starting school.

Measures of quality of schooling are very low, suggesting substantial deprivations even among children and young people attending school. The evaluation of learning outcomes shows that the minimum proficiency level in reading and mathematics was achieved by only 22 percent and 25 percent of students in grades 2/3

<sup>3</sup>The relevant age group is defined as children aged 35- years above the intended age for completing a given level of education.

respectively. The quality of teachers is also an area of major concern, with 35 percent of teachers not meeting the minimum requirement of completing grade 14, leading to a pupil to qualified-teacher ratio of 111. Despite relatively low absence rates, investigations have shown that teachers in Afghanistan have very low content and pedagogical knowledge, as well as poor teaching skills (World Bank, 2018b).

## Every child is protected from violence and exploitation

Children's rights to be protected from violence and exploitation are widely violated in Afghanistan. Multiple and severe deprivations include: i) high prevalence of grave violations against children; ii) low birth registration; iii) high rate of orphans among children and lack of family and community care; iv) high prevalence of child marriage; v) widespread domestic violence and gender-based violence; vi) violence in schools, vii) high prevalence of child labour; and viii) deprivation of liberty among children in contact with the law.

In the context of an intensifying conflict since 2014, children have been significantly affected by armed conflict. High prevalence of attacks by non-state armed groups, the use of improvised explosive devices, asymmetric attacks, targeted killings, school attacks, and attacks in hospitals have made Afghanistan the world's most affected country by grave violations against children in 2019. From July 2019 to June 2020 the UN verified 1,497 cases of grave violations of child rights, including 1,164 incidents of killing and maiming, 155 attacks on schools (across 16 provinces), and 326 child recruitments and use in armed forces and groups (OCHA and UNAMA, 2020).

Low birth registration remains a significant area of concern, as it hinders the realization of other child rights (such as access to education, health services, and social welfare) and puts children in situations of statelessness that may result in exploitation and violence. 30.8 percent of children were not registered in 2019-2020 nationally, with marked disparities persisting in birth registrations between urban, rural areas, and Kuchis (NSIA, 2020a).

Another key challenge experienced in the country is child marriage, which is more prevalent among girls. Evidence suggests that in 2016, 28 percent of women aged between 20 and 24 were married before turning 18, while 4 percent married before the age of 15 (CSO, 2018).

Lastly, the many children deprived of their liberty include victims of child abuse and exploitation (rather than perpetrators of any offence) and children accused of 'moral crimes', such as adultery or attempts to commit adultery (UNICEF and AIHRC, 2008). Children detained on national security charges are shown to have been tortured and ill-treated and are likely to be deprived of protection rights (e.g. provided with a legal counsel).

## Every child lives in a safe and clean environment

More women and children saw their rights to live in a safe and clean environment fulfilled since 2014, although significant deprivations and inequities persist, particularly in their exposure to environmental pollution and access to water, sanitation, and hygiene (WASH) facilities.

Ambient air pollution and household air pollution (HAP) continue to pose threats to the health and well-being of children. With most households being deprived of cooking fuel and resorting to the use of animal dung, crop residue or bushes, twigs, firewood, or charcoal to cook, HAP is responsible for many respiratory infections, disabilities and deaths. In 2016, Afghanistan registered 49 deaths per 100,000 population due to ambient air pollution and 61 deaths per 100,000 population due to HAP, corresponding to 11,000 and 27,000 deaths, respectively. This is higher than the number of civil casualties due to armed conflict in 2019 (10,392), which has led some to argue that environmental pollution is deadlier than war in Afghanistan (UNAMA, 2019).

Access to WASH facilities remains low and inequitable. In particular, access to drinking water is a widely voiced concern among Afghans, with drinking water (particularly sufficient supply) identified as the first development priority by household representatives and male shuras in Afghanistan (CSO, 2018). In 2020, 75 percent of the population in Afghanistan used improved drinking water resources, with access by location varying widely from 95 percent in urban areas, to 70 and 47 percent in rural areas and among Kuchi (nomadic) communities, respectively. Furthermore, only 15 percent of the Afghan population had access to safely managed drinking water in 2019-20,<sup>4</sup> which decreased by 30 percent relative to 2016.

The SDG 6.2 target to achieve access to adequate and equitable sanitation and hygiene and end all open defecation is far from being attained in Afghanistan. In 2017, less than one in two Afghans had access to at least basic sanitation facilities (37 percent and 62 percent in rural and urban areas respectively). 10 percent of the population had access to only limited (or shared) sanitation, while 34 percent had access to unimproved sanitation facilities (WHO and UNICEF, n.d.). Although open defecation (OD) has been practically eliminated in the country's urban areas, 17 percent of the rural population still practices it. For hygiene, less than two in five Afghans had access to a basic handwashing facility in 2017, while 34 percent of the population only had access to limited handwashing facilities, and 28 percent had no access to handwashing facilities on premises (WHO and UNICEF, 2019). Access to a basic handwashing facility varies significantly by location and wealth, with access to basic handwashing facilities in urban areas (64 percent) being more than twice as much as in rural areas, with households in the poorest quintile having no access whatsoever to basic handwashing facilities.

### Every child has a fair chance in life

Child poverty remains a significant challenge in Afghanistan, with child poverty rates (both monetary and multidimensional) being higher than the national poverty rates. In 2017, only one in four children in Afghanistan was found to be non-poor both in monetary and multidimensional terms (CSO, 2018). The remaining three in four live in either multidimensional or monetary poverty, or both. Children in both types of poverty are the poorest of the poor and have been estimated to account for 40 percent of all children.

Poverty bears serious consequences for children's lives both during their childhood and adulthood, impacting all other children's rights. Poor children are more likely to have poorer nutritional status and to spend less time in education. Poverty also increases health risks for children associated with reduced access to WASH facilities and increases the risks of child labour and underage marriage.



<sup>4</sup>Safely managed drinking water is defined by WHO and UNICEF as an improved water source that is accessible on premises, available when needed and free from faecal and priority chemical contamination.





# Introduction

## Purpose and research objectives

The situation analysis (SitAn) of children's rights and wellbeing is a guiding document designed to identify national development problems and shortcomings to the fulfilment of children's rights. Its purpose will be to give an up-to-date and comprehensive understanding of the status of children's and women's rights in Afghanistan, key areas of deprivation, the causes of shortfalls and inequities, and to prioritize possible solutions and areas of action.

## Approach and methodology

To analyse the situation of children across the five dimensions while meeting the SitAn's research objectives, a mixed-methods approach was designed and employed that comprised the following:

- a. thorough and comprehensive desk-based research of best available evidence found in existing literature (academic and grey).
- b. collection and analysis of quantitative data capturing the situation of children in Afghanistan.
- c. a set of 20 interviews with a wide variety of duty bearers.

The report is organized as follows:

**Country overview:** a general discussion of the socio-economic and political environment in Afghanistan.

**Focus on people living with disabilities in Afghanistan:** a case study providing an overview of the deprivations experienced by people (including children) living with disabilities in Afghanistan.

**Dimension 1: Every child survives and thrives:** an examination of indicators related to children's nutrition, maternal care and child mortality, coverage of essential health services, and immunization.

**Dimension 2: Every child learns:** analysis of children's situation with respect to their rights in education, covering children's school attendance and completion rates, learning outcomes, and the overall learning environment to which children have access.

**Dimension 3: Every child is protected from violence, exploitation, and harmful practices:** analysis of children's inherent rights to live free from violence and exploitation.

**Dimension 4: Every child lives in a safe and clean environment:** describes the safety situation faced by children and households in Afghanistan due to environmental pollution, lack of access to adequate WASH facilities, clean energy, and natural disasters.

**Dimension 5: Every child has a fair chance in life:** the latest available data that help understand the prevalence of poverty among children in Afghanistan.

**Recommendations:** proposes evidence-based recommendations for policies and strategies that have been tested and were successful in leaving no one behind and creating an enabling environment that allows every child to reach its full potential in line with human rights principles.

# Country Overview

Situation analysis of  
**Children in Afghanistan**

## TOPICS COVERED:

- Country factsheet
- Demographics
- Political economy and governance
- Multidimensional risk profile
- Global and regional issues
- Public finance
- Poverty
- The enabling environment
- Essential products, markets, and supply chains for children
- Knowledge, attitudes and practices



## Section 1

## Country factsheet<sup>5</sup>

Demographics	Economic growth and human development	Poverty and inequality <sup>6</sup>
<b>Population: 32.9 million (2020)<sup>7</sup></b>	GDP per capita (2021 US\$): 507 (2019)	Poverty rate: 47.3 per cent (2020)
<b>Population growth: 2.3 percent (2019)</b>	GDP per capita, PPP (2021 international \$): 2156 (2019)	GINI Index: 0.3 (2020)
<b>Life expectancy at birth (years): 64.5 (2018)</b>	GNI per capita, PPP (2021 international \$): 2190 (2019)	Total Food Insecurity Rate: 36.9 percent (2020)
<b>Life expectancy at birth, female (years): 66 (2018)</b>	Average GDP growth from 2004 to 2019: 6.5 percent	Moderate or severe food insecurity rate: 59.5 percent (2020)
<b>Life expectancy at birth, male (years): 63 (2018)</b>	Labour force participation rate (percentage of total population aged 15-64): 50.5 (2020)	Adult literacy rate (percentage of people ages 15 and above): 36.1 percent (2019)

<sup>5</sup> Unless otherwise specified, data presented in the Country Factsheet are available at the World Bank's World Development Indicators database.

<sup>6</sup> Latest data on poverty and inequality in Afghanistan are available in the report of the 2020 Key Statistical Indicators, published by NSIA.

<sup>7</sup> Latest data on Afghanistan's population are available in the 2020 Key Statistical Indicators report, published by the National Statistics and Information Authority (NSIA).

## BACKGROUND

### POINTS COVERED:

- **Demographics**
- **Political economy and governance**

### Demographics

Afghanistan's population is young and rapidly growing. Consistently high fertility rates that averaged 5.6 births per woman between 2005 and 2018 have resulted in an average population growth of over 3 percent during that period (UN Department of Economic and Social Affairs, Population Division 2019).

Rapid population growth poses important challenges, contributing to food insecurity as well as putting pressure on already insufficient public services and on a labour market characterized by low absorption capacity (GoIRA and UNDP, 2008). High fertility rates also mean that the population is very young, with 47.7 percent of the total population being under the age of 15 (48.4 percent of the male population and 47 percent of the female), and 2.7 percent aged over 65 (3.2 percent of the male population and 2.1 of the female) in 2019-20. This has contributed to a high child dependency ratio<sup>8</sup> of 94.5, and a high total dependency ratio<sup>9</sup> of 100 in 2019 (NSIA, 2020a).

On average, the number of males and females are roughly equal (gender balance) in Afghanistan, with 49 percent of the population being female in 2019-20. Sex ratios vary among rural, urban, and Kuchi (nomadic) populations. The highest sex ratio is registered among the Kuchi population (107.9 males per 100 females) (NSIA, 2020a).

### Political economy and governance

Four decades of conflict have brought wide-ranging social and economic repercussions, including weaker institutions and deep social and ethnic divisions. Ongoing conflict limits public service delivery and opportunities for economic growth. In February 2020, a peace agreement was signed between the United States of America and the Taliban, followed by direct peace talks starting in September 2020 in Doha between the Government of the Islamic Republic of Afghanistan (GoIRA) and the Taliban. The negotiations for a political settlement in Afghanistan may be starting, however Taliban attacks against the Afghan government have increased. In the meantime, the US has significantly decreased its troop presence in 2020 ( World Bank, 2020).

The Afghan economy is heavily informal, which limits the government's ability to collect taxes, provide public services and strengthen its state building efforts, which in turn limits economic growth. Afghanistan is also highly dependent on international aid, which makes up around 40 percent of Gross Domestic Product (GDP) (World Bank, 2018a). The low resilience of the economy and the fragile state of politics, increasing donor fatigue and decreased international aid, risk undermining any progress achieved in the country since 2002, and put the country on a backward trajectory (Ghiasy et al., 2017).

<sup>8</sup>The child dependency ratio refers to the proportion of dependent people younger than 15 relative to the working-age population (ages 15-64).

<sup>9</sup>The total dependency ratio refers to the proportion of dependent people younger than 15 or older than 64 relative to the working-age population (ages 15-64).

## MULTIDIMENSIONAL RISK PROFILE

### POINTS COVERED:

- Humanitarian needs
- Internal displacement
- Natural hazards

### Humanitarian needs

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the number of people in Afghanistan in humanitarian need<sup>10</sup> in June 2020 had reached 14 million. OCHA expected this number to reach 18.4 million people in 2021, 53 percent and 22 percent of which being children and women, respectively.

### Internal displacement

Another serious consequence of the ongoing conflict is the displacement of hundreds of thousands of people every year. As of June 2020, close to 5 million Internally Displaced Persons (IDPs) in Afghanistan fled their homes or place of origin and resided elsewhere in the country. Close to 70 percent of IDPs were displaced to avoid the adverse effects of armed conflict (IOM, 2020a).

With millions of IDPs residing in different settlements, displacement has become a key humanitarian challenge for the country and the international humanitarian community. At the same time, humanitarian NGOs operating in Afghanistan express concerns about donor fatigue in providing longer-term funding for development initiatives to facilitate the integration of IDPs in host communities.

### Natural hazards

The placement of Afghanistan in a seismically active region, as well as environmental degradation and climate change make it highly vulnerable to natural hazards such as earthquakes, flooding, heavy rainfall, extreme weather landslides and mudflows, and droughts. Natural disasters have been recurrent and severe, exacerbating the vulnerability of the Afghan population and contributing to internal displacement and migration.

In 2019 and 2020 combined, over 410,000 people were affected by natural disasters (OCHA, 2020c). The 2018–2019 drought caused by a 70 percent decrease in rain, snow, and sleet across most of the country halved the overall harvest compared to normal levels. This, in turn, led 35 percent of the population into acute food insecurity, and brought large-scale displacement; 170,000 people were displaced in the western region alone in 2018. Climate shocks still affect rural communities, where agricultural work and livestock are the main sources of income (Asia Displacement Solutions Platform, 2021).

<sup>10</sup> People in humanitarian need are defined as the most vulnerable people that have the most severe needs (severe, extreme, and catastrophic). These include but are not limited to internally displaced persons, returnees, and conflict-affected people.

## GLOBAL AND REGIONAL ISSUES

### POINTS COVERED:

- Migration
- Urbanization
- COVID-19

### Migration

For many years, young people and families with children as well as unaccompanied children have been on the move searching for a better future abroad. Afghans represent the world's largest population of protracted refugees in Asia (UNHCR, 2020). Afghanistan is the country of origin for more than one in 10 refugees globally; more than 2.5 million people have moved or fled abroad since 2012 (IOM, 2020a).

In 2019, half a million Afghan asylum-seekers were forcibly returned to Afghanistan from neighbouring countries. From Europe, asylum seekers were returned either under the European Union's Joint Way Forward Agreement or under bilateral agreements with the Afghan government. Turkey also forcibly returned 19,000 people to Afghanistan by September 2019 (Amnesty International, 2019).

### Urbanization

Most of the Afghan population lives in rural areas. Based on population statistics provided by the NSIA, 23 million Afghan people live in rural areas and 7.7 million live in cities. The remaining 1.5 million live as nomads. Afghanistan's urban population has increased at an average rate of close to 5 percent. Since 1990, Afghanistan's urban population as a percentage of the total population has increased to 25.8 percent from 21.2 percent (Figure 1).

The urban population has steadily grown faster than the rural population between 1990 and 2003. The rapid urbanization will further increase pressures on the cities in public services, infrastructure, and the provision of economic opportunities.

### COVID-19

At the time of writing, WHO reported 55,518 confirmed cases of people in Afghanistan who have tested positive for COVID-19 and 2,428 confirmed deaths (WHO, 2021). The COVID-19 seropositivity for the population is 31.5 percent – 29.1 percent for males and 32 percent for females (MoPH, 2020).

COVID-19 has brought rising food insecurity in the country, which resembles the situation during the drought of 2018. Millions of people are in crisis, as the average prices for wheat flour, pulses, sugar, cooking oil and rice have increased at the same time as workers' purchasing power has declined (OCHA, 2020a). It is estimated that 80 percent of the population in Afghanistan relies on informal labour or daily wage labour, both of which have been adversely affected by the pandemic. NGOs have reported an increase in forced marriages, child marriages, child labour and/or begging and children migrating for work in neighbouring countries during 2020 as a household coping mechanism for dealing with food insecurity. In 2020 every second person in need of support or assistance in Afghanistan was a child. That number was expected to have increased by early 2021.

## PUBLIC FINANCE

Over the last five years (1396/2017 to 1400/2021), the National Budget grew by 13 percent in nominal terms. Domestic revenues have increased from 9.9 percent of GDP in 1394/2015 to 15.8 percent of GDP in 1398/2019-20. On-budget grants received amounted to 42 percent of total expenditure translating to 14 percent of GDP (MoF, 2021).

In the current budget 1400/2021, 22 percent of the overall budget is allocated to the social sector<sup>11</sup> compared to 26 percent in 1396/2017. With a population growth of 11 percent over the same period, a 4 percentage point drop in the social sector allocation poses a risk for equitable and quality social service delivery. Public spending towards key indicators in fulfilment of women and children SDG targets has been very unstable, thus posing a big challenge in the actualization of SDGs (Table 2).

The limited fiscal space is a key constraint that limits the government's ability to provide the resources necessary to achieve children's rights. The government's fiscal strategy is to prioritize projects in sectors that can contribute to the country's economic position. These include agriculture and irrigation, the extractive industry, infrastructure and regional integration, sectors to supply domestic markets, information and communications technology (ICT), and human capital development (MoF, 2019). Another key issue is the disconnect between budget allocation and budget utilization, with utilization often lagging allocation partly due to weak public finance management.

**Table 1. Public Finances towards selected SDG Indicators**

	1396/2017	1397/2018	1398/2019	1399/2020	1400/2021
<b>The proportion of total government spending on essential services (education, health, and social protection, (Means of Implementation indicator 1. a.2)</b>	24.5%	26.2%	17.9%	21%	20%
<b>The proportion of government recurrent and capital spending in sectors that disproportionately benefit women, the poor and vulnerable groups (Means of Implementation indicator 1.b.1)<sup>12</sup></b>	13.7%	14.6%	10.4%	8.4%	11%

<sup>11</sup> The social sector constitutes Education, Health, Housing and Community Amenities and Social Protection expenditure.

<sup>12</sup> Sectors include: Health, Environmental protection, Housing & Community Amenities and Social protection

## POVERTY

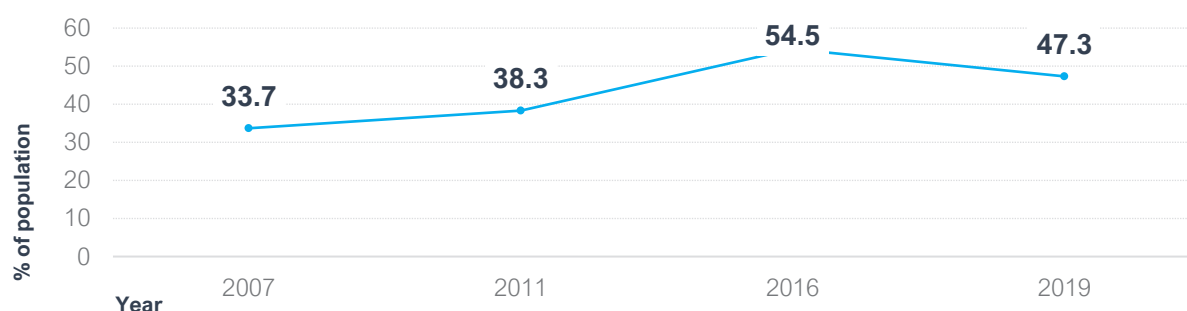
### POINTS COVERED:

- Monetary poverty
- Working poverty

### Monetary poverty

During the period 2014–19, Afghanistan’s average annual economic growth was only 2.4 percent compared to the regional average of 6.6 percent. The economic slowdown has had negative impacts on living standards, with 15 million Afghans living in poverty in 2020 compared to 10 million in 2012. The proportion of children living in monetary poor households nevertheless decreased from 58 percent in 2016 to 51 percent in 2020. The household poverty rate also fell from 54.5 percent to 47.3 percent, according to the results from the 2020 IE&LFS.

**Figure 1. Proportion of population living below the national poverty line (%) (SDG 1.2.1)**



Source: Global SDG Indicators Database. The database reports World Bank staff estimates based on NRVA 2007-08, 2011-12 and ALCS 2016-17. Poverty estimates for 2019 are based on the preliminary results of the IE&LFS 2019-20.

### Working poverty

The prevalence of the working poor shows that employment alone is not a cure for poverty.

**Table 2. SDG indicator 1.1.1 – Working poverty rate (percentage of employed living below \$1.90 PPP)**

Age group	15+	15-24	25+
Female	45.1	45.5	44.9
Male	31.4	39.5	28.3
Total	34.3	41.0	31.5

Source: ILO’s Data on SDG labour market indicators (ILO 2021)

A major part of the Afghanistan’s economy is unorganized, unofficial, and illegal. The labour market in Afghanistan is still in a poor state. This is reflected in family, unorganized and informal work, low paid and low productivity jobs, child labour, hard and work and long working hours. More than half of all employed Afghans (45.7 percent) work in agriculture (NSIA, 2020a), a sector associated with higher poverty rates, according to the findings of the previous ALCS (CSO, 2018).



## THE ENABLING ENVIRONMENT

The ratification of the Convention on the Rights of the Child (CRC) in 1994 and of its optional protocols in 2002 and 2003 compels the government to protect, respect and fulfil the rights of all children within its jurisdiction. Since the last SitAn in 2014, a promising milestone in child rights was achieved with the signing of the first ever Law on Protection of Child Rights ('The Child Rights Act' or 'The Act'), which is aligned to the CRC. The Law on Protection of Child Rights was passed by a Presidential Decree on 5 March 2019 and was enacted on 9 April 2019 – 25 years after the ratification of the CRC.

Besides legislation, effective policies, programmes, and public investment in children reaps many rewards, such as protecting and advancing children's rights, creating opportunities, and facilitating their contribution (when adults) to shared prosperity. Impediments to effective child-focused policies include low budget priority, due to a lack of awareness among financial decision-makers around the economic case of investing in children; insufficient budget allocation for implementing child related plans; inefficient and ineffective expenditure due to delayed disbursements, leakages, procurement issues, high cost, low impact interventions; inequitable allocations resulting in lower investment and poorer services for disadvantaged populations; and weak financial accountability.



## ESSENTIAL PRODUCTS, MARKETS, AND SUPPLY CHAINS FOR CHILDREN

### POINTS COVERED:

- Health and nutrition
- Education
- WASH

### Health and nutrition

Essential systems to support children's access to nutritious foods are fragile and food quality, micronutrient quality, and dietary diversity are limited. Nutritious diets are unaffordable for over 80 percent of households, resulting in high levels of malnutrition. Significant disparities in the consumption of food groups high in protein and vitamins exist between urban and rural areas. Only few households in rural areas have eggs, meat, or fruits in their diets.

The affordability of healthcare also needs to be improved. Healthcare expenses currently represent high out-of-pocket expenditure. The biggest expenditure for outpatient and inpatient care is that incurred by drugs and supplies, followed by expenses for transportation to the health facility.

### Education

The shortages of teaching and learning materials, especially textbooks, age-appropriate and relevant supplementary reading also reduce the quality of education services provided to students. Distribution of educational material is skewed towards formal schools. Alternative pathways to schooling, such as Community Based Schools and Accelerated Learning Centres, are often left without the essential learning commodities, often impacting quality.

Although the government provides "free education until the bachelor's level", there are families facing significant financial barriers in the form of ancillary costs. For many low-income families, the indirect costs of schooling, including school supplies, uniforms, transport, and food, remains high and discourages them from enrolling their children in school.

### WASH

Several quality issues prevail in the provisions of WASH facilities. These include inadequate water quality testing and surveillance; drinking water contamination by E. coli, arsenic, and fluoride in some areas; and frequent system breakdowns due to poor quality construction and use of sub-standard materials. A substantial number of child deaths are caused by diarrhoea,<sup>13</sup> which the implementation of and equal access to WASH facilities could help to avoid. Quality standards for WASH in schools are also overlooked. It has, however, been observed that high schools are usually better equipped, probably because of the students being more aware of their rights and advocating for the quality of the facilities. In primary schools, parents' associations need to get activated and demand the upgrade of facilities for their children.

<sup>13</sup>This is further developed in Dimension 1 - Every child survives and thrives.

## KNOWLEDGE, ATTITUDES AND PRACTICES

The role of religion as a philosophy of life is fundamental to an understanding of social norms, culture, and daily life. Afghanistan is an Islamic republic and therefore Islamic traditions and moral code are important factors that govern societal knowledge, attitudes, and practices. Daily attitudes and practices are deeply embedded in conservative values that stem from the spirit of the Islamic doctrine, law, and its different interpretations. Social norms and harmful practices rooted in gender inequity are pervasive.

Decades of war and conflict, along with the Taliban's control over some areas, have weakened the government's joint efforts with the international community to raise awareness, drive behaviour change and eliminate harmful traditions and practices that violate children's and women's rights. Indeed, children and young people in Afghanistan have for many years been exposed to various extreme forms of violence and abusive behaviours due to negative social norms and traditional practices. Forced and underage marriage, physical and psychological violence, sexual abuse, and child labour are some of the brutal realities that children in Afghanistan are exposed to. Girls face higher vulnerability to honour killing, domestic abuse, and sexual violence. For married women and girls, social norms that favour the subordinate position of women at home and justify abusive behaviours of husbands increase the risk of domestic violence.



# Focus on people living with disabilities in Afghanistan



## Situation analysis of Children in Afghanistan

Persons with disabilities are among the most vulnerable globally. They are discriminated against, have limited access to basic services and often do not participate in societal and community life at the same level as the rest of the population. Despite Afghanistan's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), little has been achieved to date in terms of educational, social, economic development, as well as rehabilitation and healthcare access for persons with disabilities. UNICEF Afghanistan is currently undertaking a Situation Analysis of children living with disabilities that will provide an in-depth assessment of the realization of their rights as set by the UNCRPD.

Due to the impacts of the ongoing conflict, Afghanistan's child population is at high risk of being born with or acquiring a primary or secondary disability. Available data from 17 provinces indicate that 28.2 percent of respondents with disabilities above eight years old could read and write a simple text (Trani and Bakhshi, 2008). This overall rate masks significant variation by gender, age group, and type of disability. About 33.4 percent of male respondents aged eight and above were literate as opposed to the 19.4 percent of literate females with disabilities above this age. Interestingly, 35 percent of children between eight and 15 years were able to read and write.

Persons with disabilities are less likely to access school, participate in the labour market and are more likely to be left behind. Recent research shows that only 17 percent of youth with disabilities participated in formal and non-formal education and training 12 months prior to the survey (CSO, 2018). About 37.7 percent of persons with disabilities are unemployed against an average national unemployment rate of 23.9 percent. A 2019 Afghanistan Independent Human Rights Commission survey-based report on 979 children and adults with disabilities across 28 Afghan provinces found that physical disabilities were most common, followed by visual, hearing and mental disabilities (Asia Foundation, 2020). Causes of impairment are likely to include war violence (half the victims of explosive weapons in Afghanistan are children), heart disease, respiratory infection, road injuries, birth defects, and poor health services and malnutrition (Asia Foundation, 2020).

# Rights-based analysis of the situation of children and women in Afghanistan

Situation analysis of  
**Children in Afghanistan**

**Dimension one:**

Every child survives and thrives

**Dimension two:**

Every child learns

**Dimension three:**

Every child is protected from violence and exploitation

**Dimension four:**

Every child lives in a safe and clean environment

**Dimension five:**

Every child has a fair chance in life

Recommendations



## Section 2



## Dimension one

### Every child survives and thrives

Overall, the realization of children's and women's rights in Afghanistan has improved, although deprivations remain severe.

Despite recording a significant decrease from 2013 to 2018, malnutrition rates in Afghanistan severely deteriorated after the 2018 drought – one of the most severe in recent times – with malnutrition rates remaining very high among children and women as of 2020.

The maternal mortality ratio (MMR) has declined consistently since 2014. Nonetheless, in 2018 MMR in Afghanistan was at 638 per 100,000 live births, substantially higher than the SDG target of 70 deaths per 100,000 live births.

According to IE&LFS 2020, skilled birth attendance (SBA) rose consistently from 2014 to 2020, reaching 62 percent. The high prevalence of home delivery (37.5 percent) contributes to high maternal and neonatal mortality.

The neonatal and under-five mortality rates remain high at 36 and 60 deaths per 1,000 live births respectively, most of which were preventable. They are primarily caused by pre-term birth complications and infections, including sepsis/meningitis, pneumonia, and diarrhoea.

The coverage of essential health services remains low, with a universal health coverage service coverage index of 37, up by roughly 30 percent since 2010.

Significant improvements have been made in immunization. Yet three in five and one in three of the target population has not received all required doses of the measles and the diphtheria-tetanus-pertussis vaccines respectively.

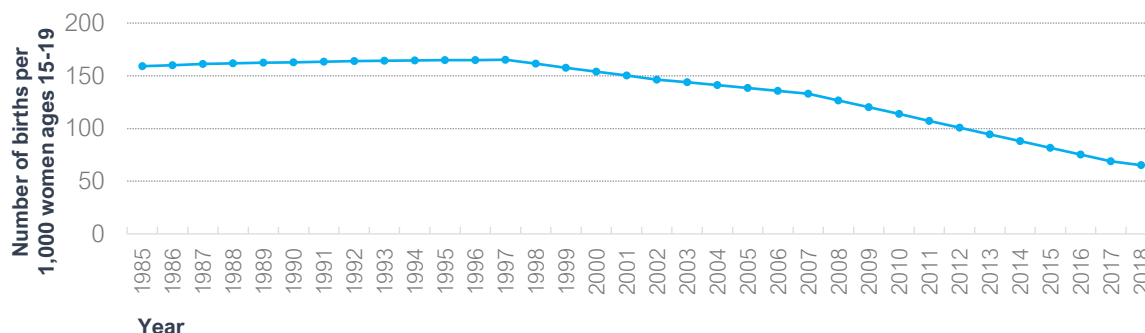
The improvement of health indicators was mainly driven by increased access to healthcare services, which is far from universal. Much room for improvement remains in terms of access and quality of care. Other factors hindering the realization of health- and nutrition-related rights include low education and literacy rates, chronic poverty, adverse social norms, inadequate access to water and sanitation, conflict, disasters, lack of equipment in medical facilities, lack of experienced medical staff, misbehaviour with patients, poor-quality medicine, limited access to media, inaccessibility to electricity, and corruption.

**Table 3. Prevalence of malnutrition among children under 5 in Afghanistan (SDGs indicators 2.2.1, 2.2.2a, and 2.2.2b)**

Nutrition indicator	Percentage of children under 5	
	2018	2013
Moderately or severely wasted <sup>14</sup>	5.1	9.5
Severely wasted	1.5	4
Moderately or severely stunted <sup>15</sup>	38.2	40.4
Severely stunted	18.7	20.9
Moderately or severely overweight	4.1	5.3

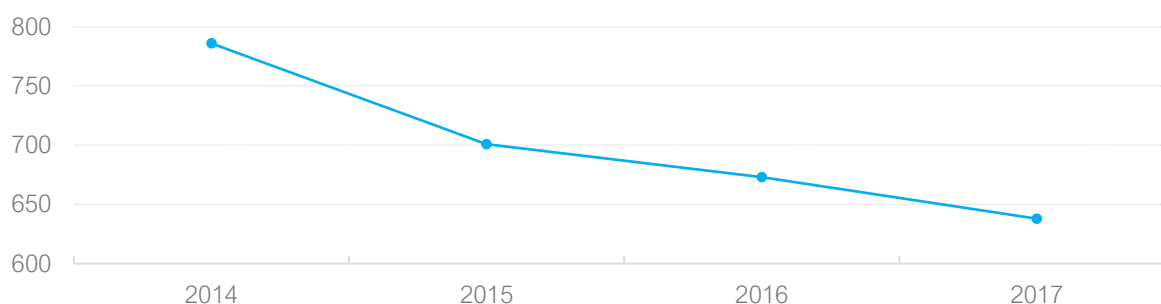
Sources: the Afghanistan National Nutrition Survey 2013 and the Afghanistan Health Survey 2018

**Figure 2. Adolescent fertility rate (births per 1,000 women ages 15-19) (SDG 3.7.2)**

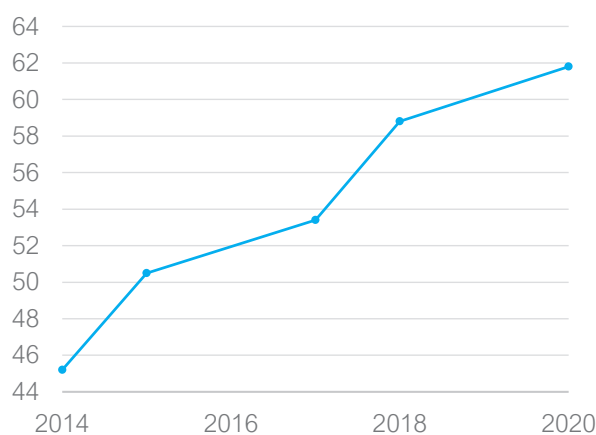


**Figure 3. Maternal Mortality Ratio - number of deaths per 100,000 live births (SDG indicator 3.1.1)**

Source: World Health Organization



**Figure 3. Maternal Mortality Ratio - number of deaths per 100,000 live births (SDG indicator 3.1.1)**



Please note that each data point comes from a different survey:

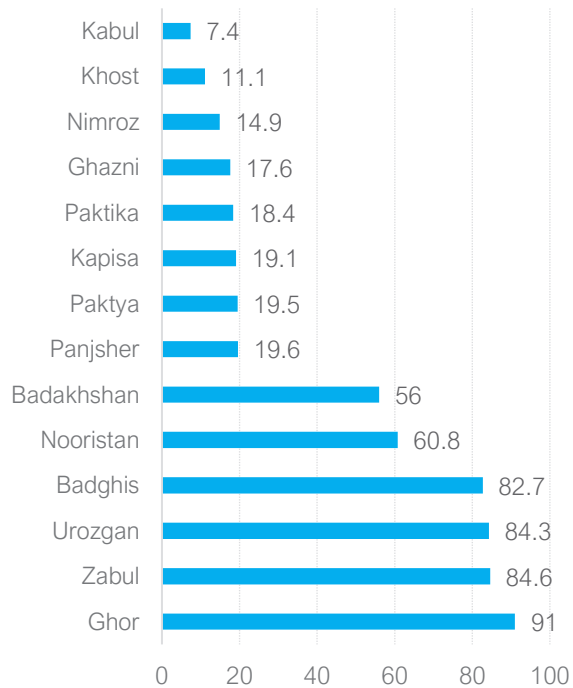
- 2014: Afghanistan Living Conditions Survey 2013-2014
- 2015: Afghanistan Demographic and Health Survey 2015
- 2017: Afghanistan Living Conditions Survey 2016-2017
- 2018: Afghanistan Health Survey 2018
- 2020: Income, Expenditure and Labor Force Survey 2020

<sup>14</sup>Wasting refers to acute malnutrition and results from insufficient food intake, reduced diet quality or a high incidence of infectious diseases, especially diarrhea. Wasting is measured using anthropometric cutoffs and clinical signs. The WHO definitions are as follows:

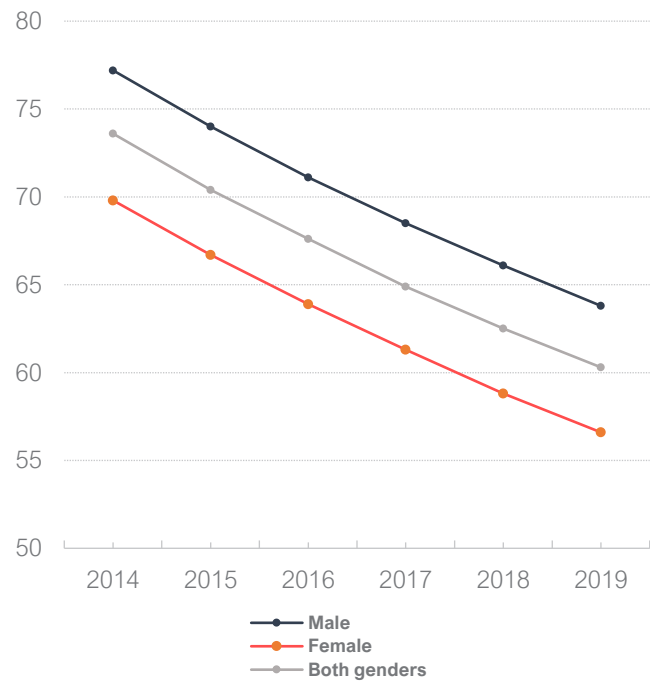
- Moderate acute malnutrition (MAM), defined as weight-for-height z-score (WHZ) between -2 and -3 or mid-upper arm circumference (MUAC) between 115 millimeters and <125 millimeters.
- Severe acute malnutrition (SAM), defined as WHZ < -3 or MUAC < 115 millimeters, or the presence of bilateral pitting edema, or both.
- Global acute malnutrition (GAM) refers to MAM and SAM together (Nutrition Cluster and UNICEF 2017; WHO 2012).

<sup>15</sup>Stunting is defined as short stature for age and is a measure of chronic malnutrition. It is due to prolonged nutritional deprivation and results in developmental impairments and lower long-term economic potential later in life, among others. + intergenerational effect, with stunted women being at greater risk of delivering an infant with low birth weight (World Bank, 2016).

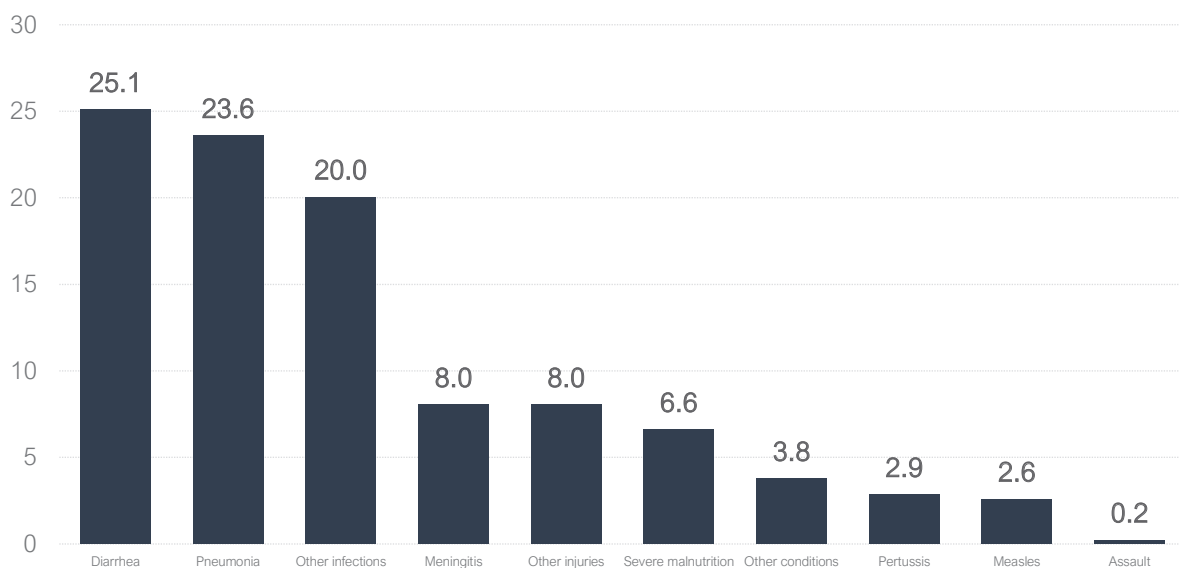
**Figure 5. Proportion of Women delivering at home - Top 20% and Bottom 20%**



**Figure 6. Under-five mortality rate – deaths per 1,000 live births by gender (SDG indicator 3.2.1)**



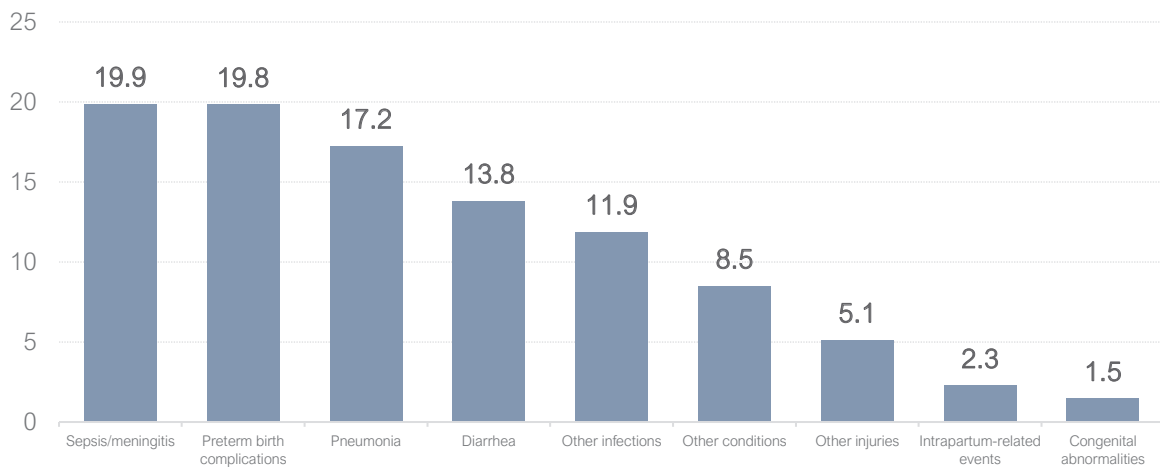
Source: United Nations Inter-agency Group for Child Mortality Estimation



Source: The Afghanistan Health Survey 2018

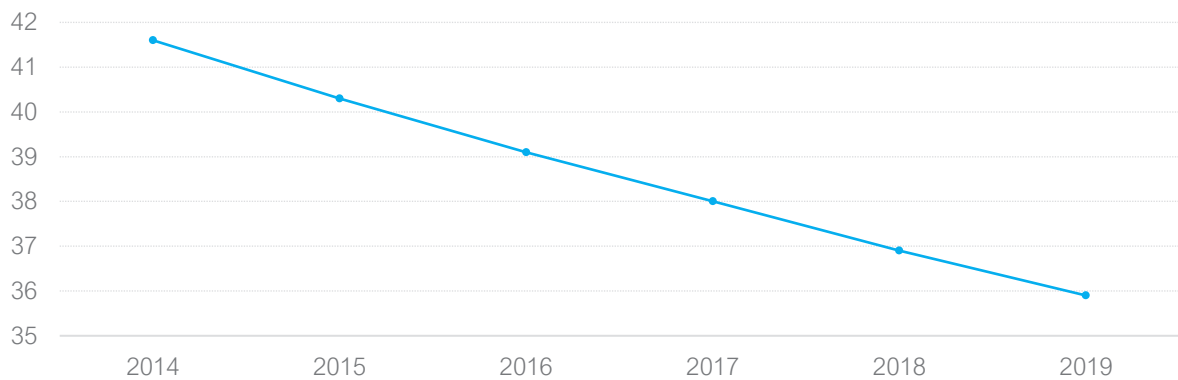


**Figure 8. Causes of death of children under 5 (excluding neonates) in 2018**



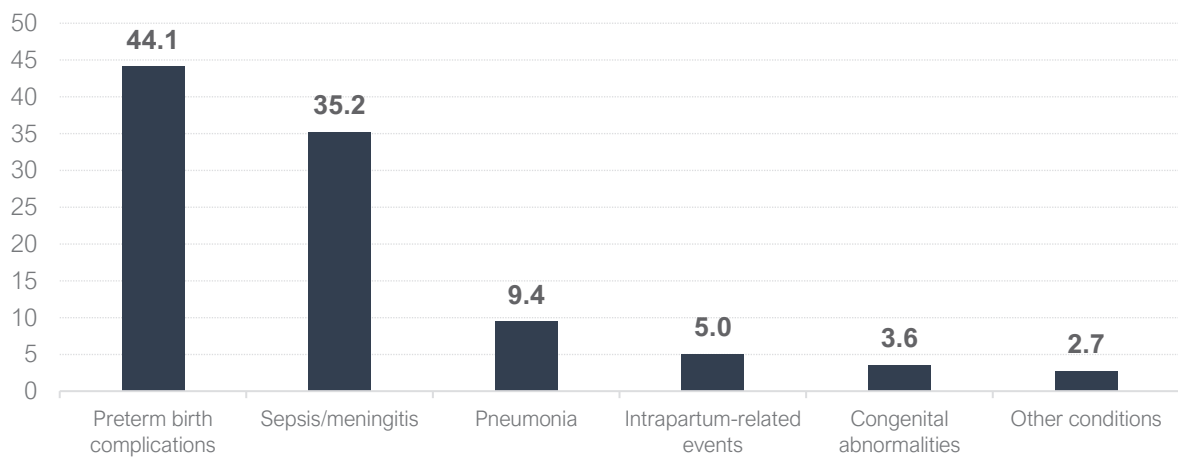
Source: The Afghanistan Health Survey 2018

**Figure 9. Neonatal mortality rate - deaths per 1,000 live births (SDG indicator 3.2.2)**



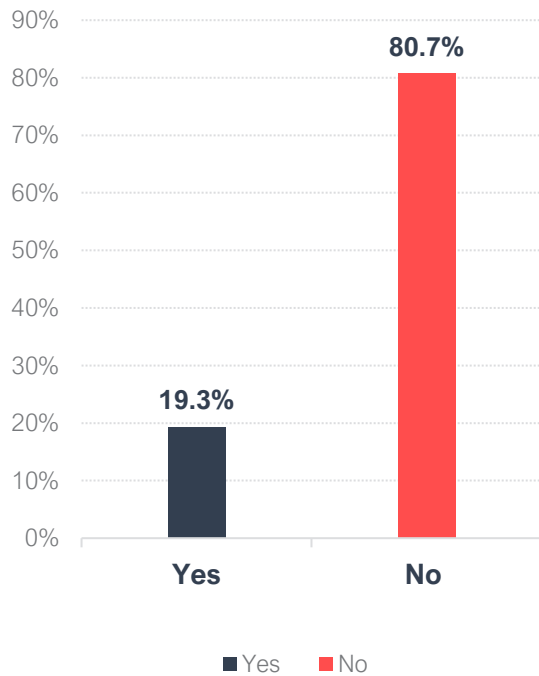
Source: United Nations Inter-agency Group for Child Mortality Estimation

**Figure 10. Causes of death of neonates aged 0-27 days in 2018**



**Figure 11.**

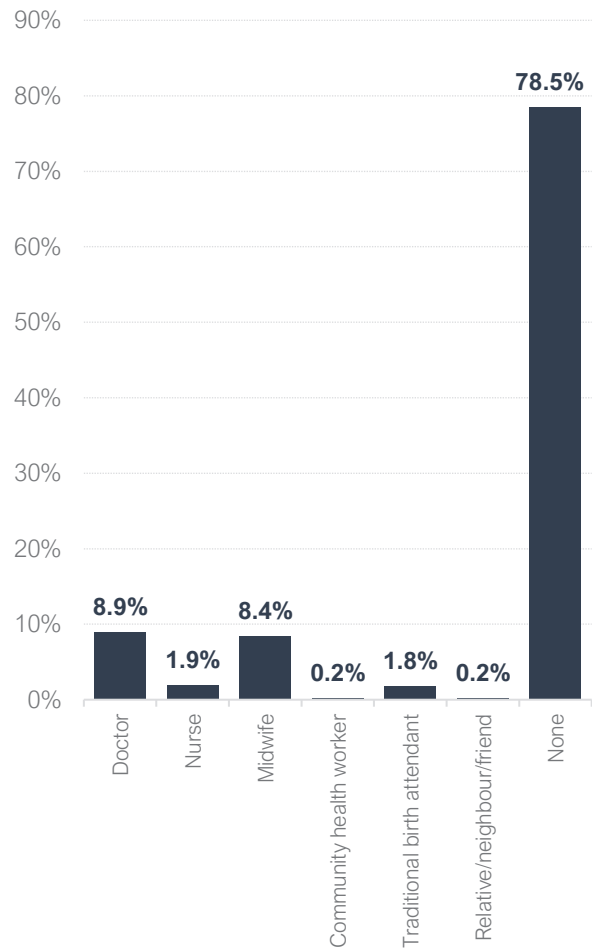
**Receipt of postnatal care by the child from a skilled health provider**



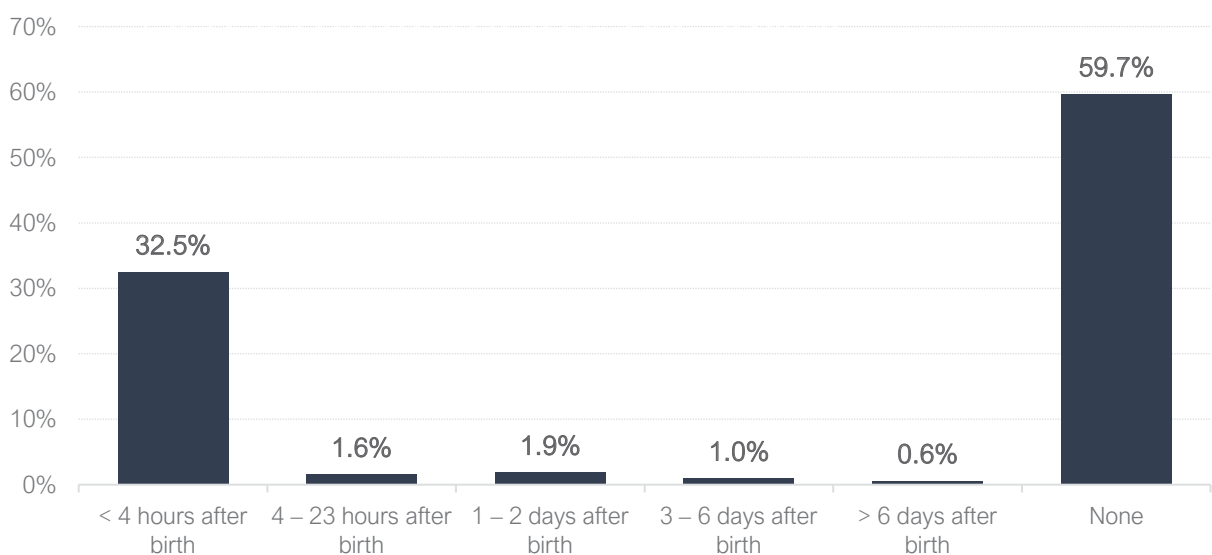
Source: The Afghanistan Health Survey 2018.

**Figure 12.**

**Receipt of postnatal care by the child (if any) by type of provider**

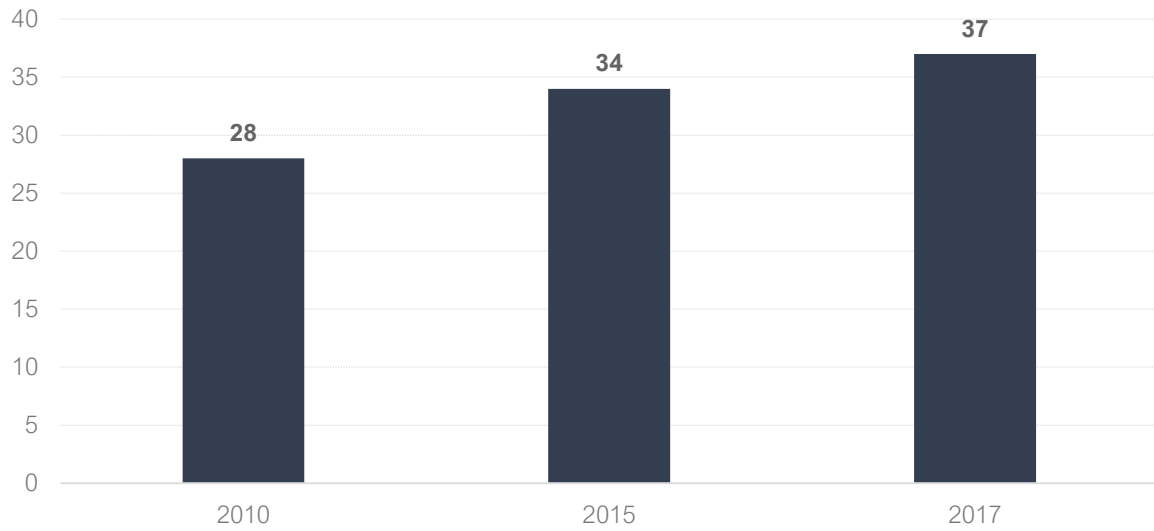


**Figure 13. Timing of postnatal care received by mothers**



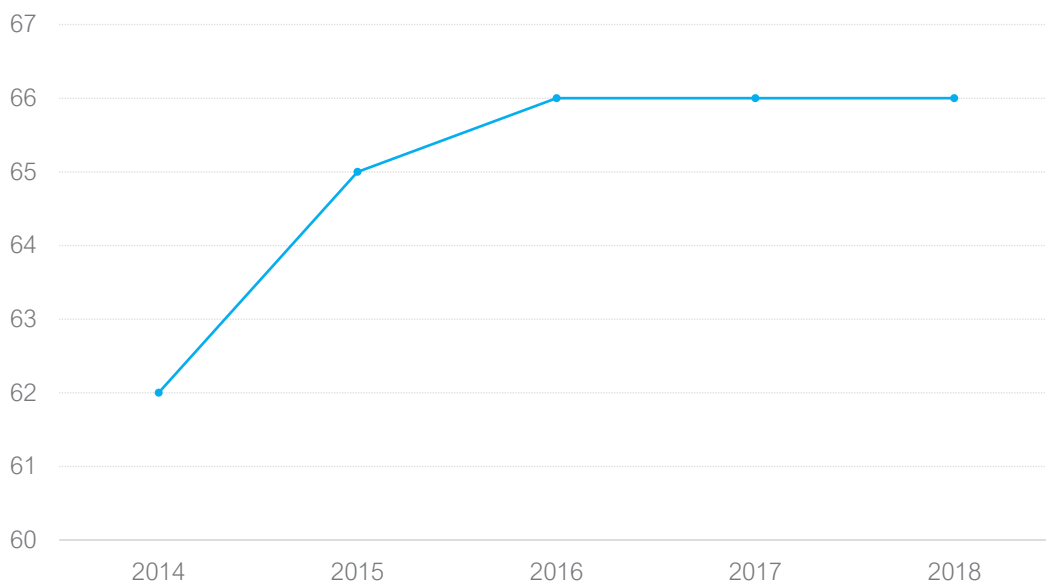
Source: The Afghanistan Health Survey 2018

**Figure 14. Universal health coverage (UHC) service coverage index**



Source: Tracking universal health coverage: 2019 Global Monitoring Report

**Figure 15. Proportion of the target population covered by all vaccines included in their national programme – DTP3 (%)**



Sources: WHO/UNICEF coverage estimates 2018 revision

## Dimension two

### Every child learns

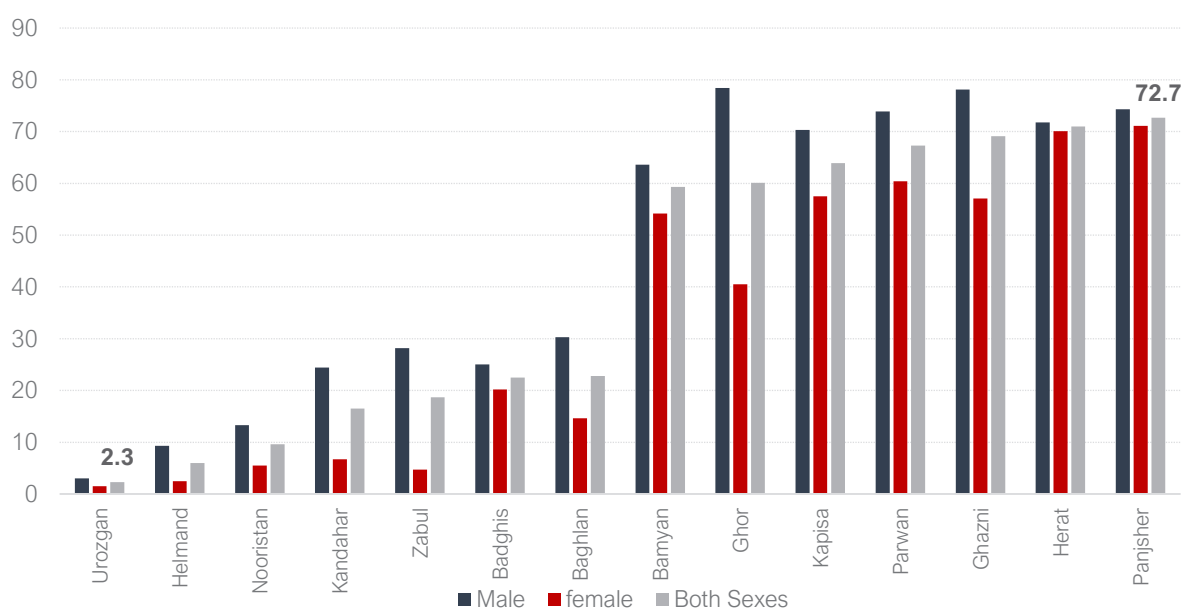
Despite significant progress being made in terms of educational attendance in the decade following 2001, with the number of enrolled children increasing from 1 million in 2001 (almost all boys) to 8.6 million in 2013 (39 percent of whom were girls), progress across various indicators of access to education (such as the net and gross attendance rates/ratios, adult and youth literacy rates, school-life expectancy, and gender parity) have since slowed down (CSO, 2018; MoE, 2014).

School attendance is low in Afghanistan, with a significant number (4.2 million) of out of school children and a gross attendance ratio of 54 percent in primary education and 39.9 percent in secondary. As of 2017, drop-out rates were relatively low (15 percent for primary school). Transition rate to lower secondary and upper secondary schools is relatively high (with roughly 95 percent of those who completed primary school and lower secondary school transitioning to lower and upper secondary school respectively). School completion rates are still poor. Only one in two children and young adults in the relevant age group completed primary school in 2015 and two in five completed the lower secondary level. The upper secondary school level was completed by one in four children and young adults. The combination of data on attendance rates, out of school children and drop-out rates shows that poor educational attendance in Afghanistan is not driven by high drop-out but by being out-of-school, and not starting school.

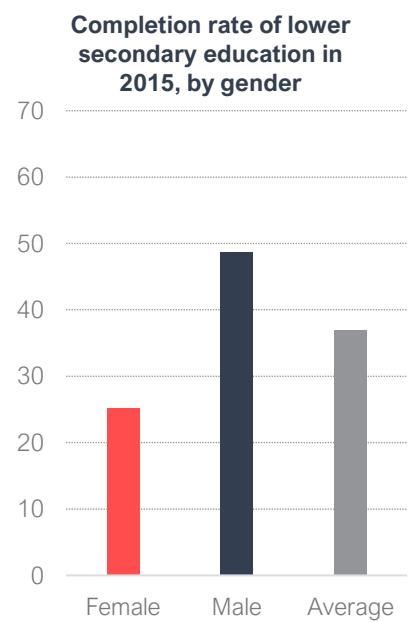
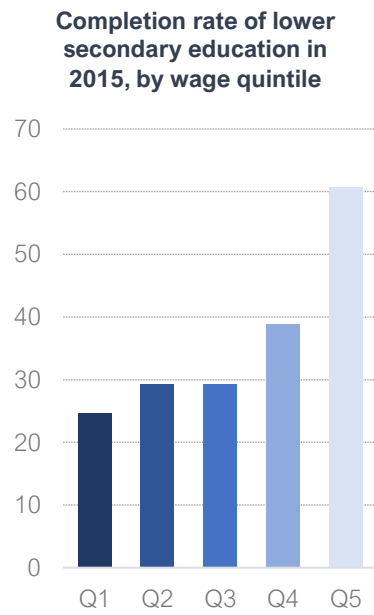
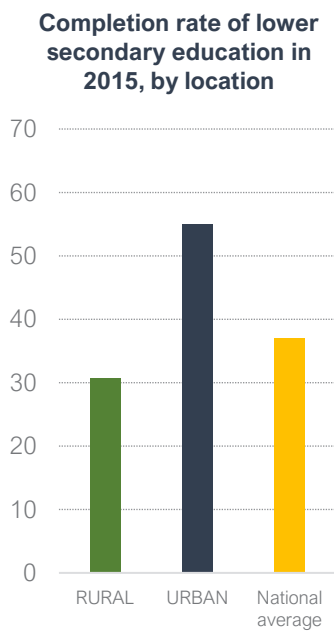
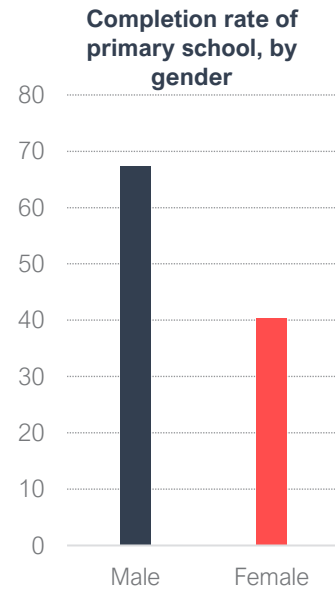
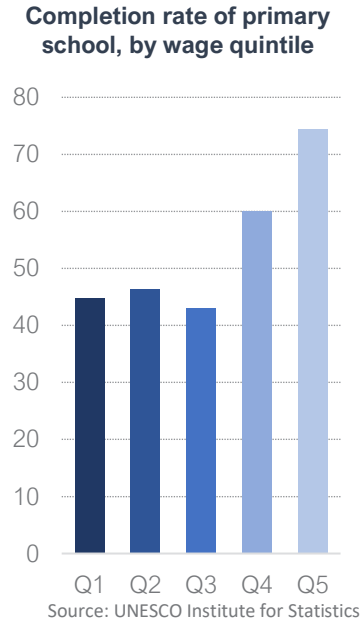
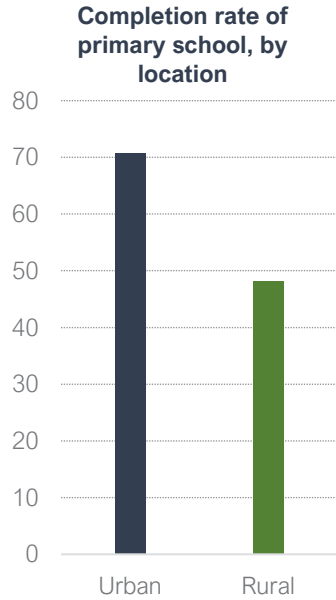
Significant challenges to improving education quality persist as it is shown looking at key markers of education quality. The pupil-qualified-teacher ratio is currently at 111. The minimum proficiency level in reading and mathematics has been achieved by only 22 percent and 25 percent of students in grades 2/3, respectively.

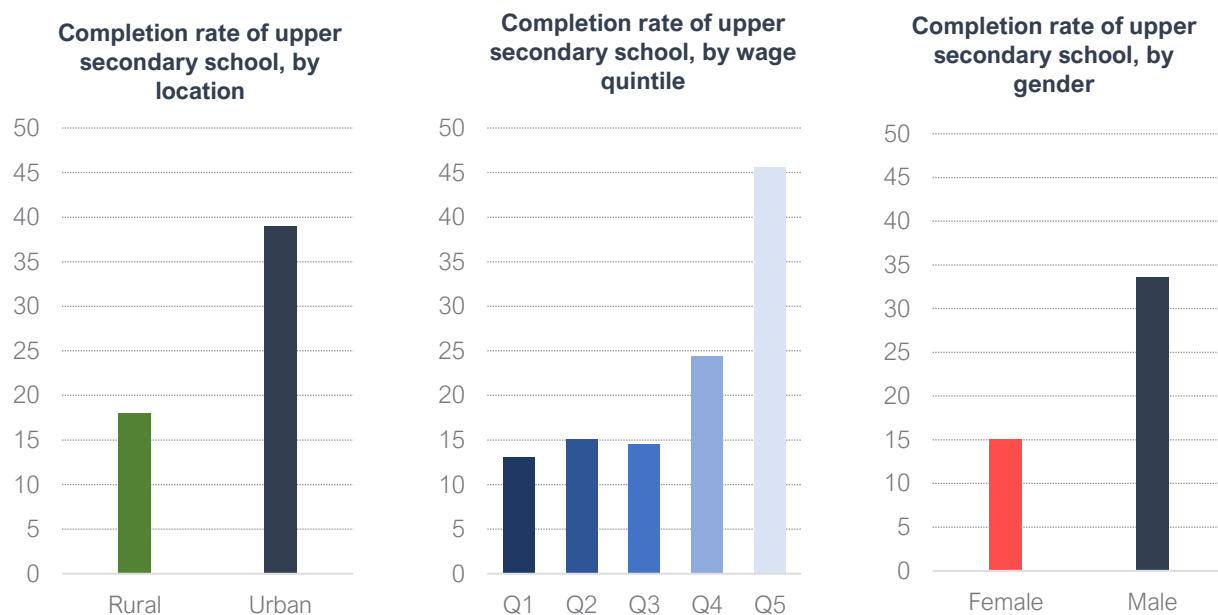
School infrastructure in Afghanistan is also problematic and with very low access to WASH facilities. In 2018, the top deprivations in terms of WASH facilities in schools were: i) handwashing facilities, ii) access to single-sex basic sanitation, and iii) access to basic drinking water.

**Figure 16. Provinces with top 20% and bottom 20% net attendance rates of primary education in 2020**



Sources: WHO/UNICEF coverage estimates 2018 revision





Source: UNESCO Institute for Statistics

**Table 4.**

**Gender gap in completion rates by education level**

Education level	Gender gap in completion rates <sup>16</sup>
Primary education	67%
Lower secondary education	94%
Upper secondary education	123%

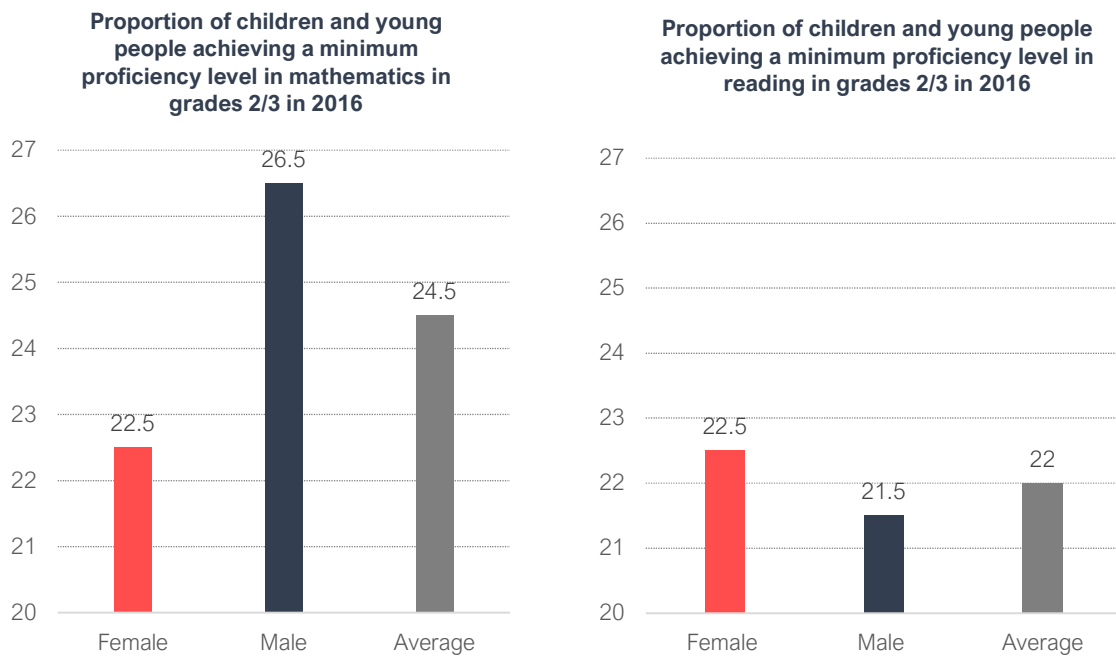
**Table 5.**

**Urban/rural gap in completion rates by education level**

Education level	Urban/rural gap in completion rates <sup>17</sup>
Primary education	47%
Lower secondary education	79%
Upper secondary education	117%

<sup>16</sup> This is calculated as  $[1 - (\frac{\text{males' completion rates}}{\text{females' completion rates}})] \times 100$ . Results are rounded to the nearest integer. The resulting number is to be interpreted as the percentage by which males' completion rates were higher than females' completion rates in 2015.

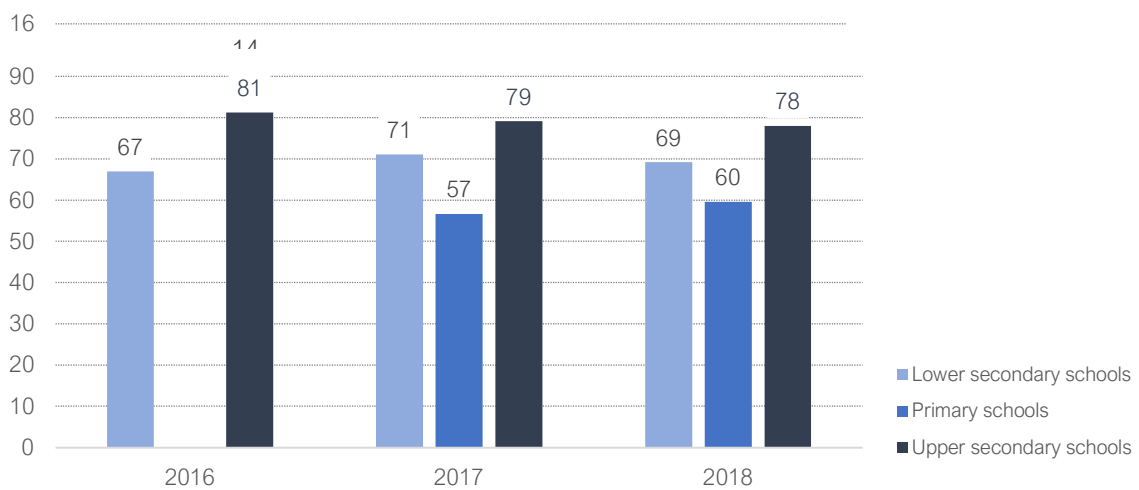
<sup>17</sup> This is calculated as  $[1 - (\frac{\text{completion rates in rural areas}}{\text{completion rates in urban areas}})] \times 100$ . Results are rounded to the nearest integer. The resulting number is to be interpreted as the percentage by which urban areas' completion rates were higher than rural areas' completion rates in 2015.



Source: UNESCO Institute for Statistics

**Figure 17. Proportion of schools with access to basic handwashing facilities, by educational level**

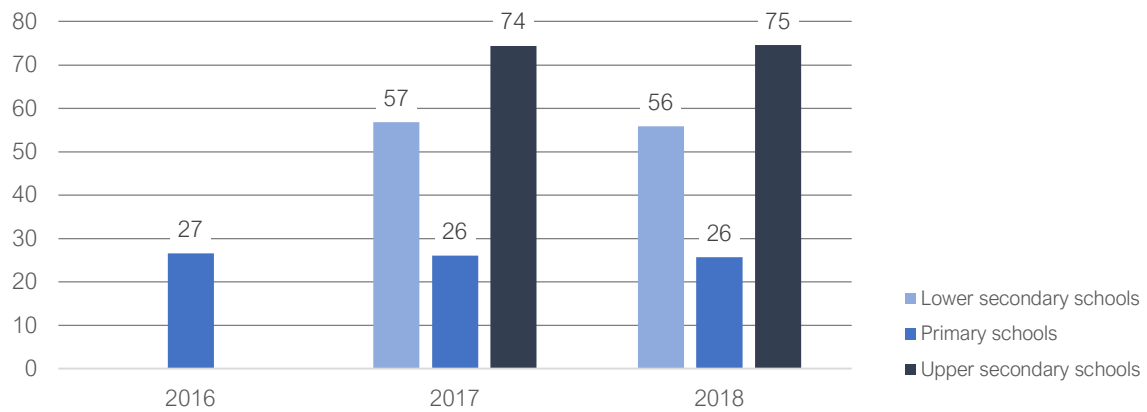
Source: UNESCO Institute for Statistics



**Figure 18. Proportion of schools with access to basic drinking water, by educational level**

Source: UNESCO Institute for Statistics

**Figure 19. Proportion of schools with access to single-sex basic sanitation, by educational level**



Source: UNESCO Institute for Statistics





## Dimension three

### Every child is protected from violence and exploitation

Despite the proactive measures that the Government of Afghanistan has taken to address violations of child rights and child protection through the strengthening of legal frameworks on the protection and rights of children and through improving services for children in need, children's rights to be protected from violence and exploitation are widely violated. Key deprivations include: i) high prevalence of grave violations against children; ii) low birth registration; iii) high rate of orphans among children and lack of family and community care; iv) high prevalence of child marriage; v) widespread domestic violence and gender-based violence; vi) violence in schools, vii) high prevalence of child labour; and viii) deprivation of liberty of children in contact with the law.

The right for birth registration is far from being fulfilled, with an estimated 30.8 percent of under 5 children not registered in 2019/2020, and marked disparities persist between urban, rural and Kuchi populations.

In 2015, 683,290 children had lost one or both of their parents, which puts them at significant risk of lacking community and family care. Orphanages are critically lacking in the country and often fail to protect children, with children living in these institutions being subject to mental, physical, and sexual abuse (Save the Children, 2018a).

Child marriage is highly prevalent in Afghanistan and girls are far more vulnerable to child marriage. Evidence suggests that in 2016, 28 percent of women aged between 20 and 24 were married before turning 18 and 4 percent married before the age of 15 (CSO, 2018).

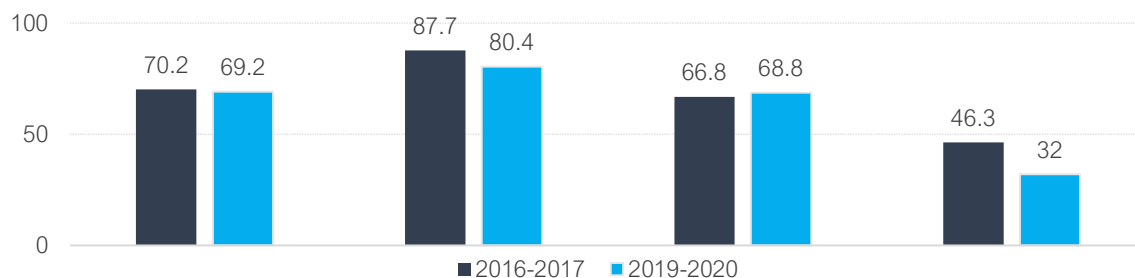
Domestic violence is also widespread and impacts children as targets or witnesses of violent acts. In 2017, an estimated 74 percent of children aged between two and 14 were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members and 38 percent of children were subjected to severe physical punishment (Save the Children, 2017).

Estimates of the extent of child labour differ widely. While UNICEF estimates that 30 percent of children were engaged in child labour in Afghanistan in 2019, estimates from the National Statistics and Information Authority suggest that 9 percent of children and adolescents aged between five and 17 were working. Groups most vulnerable to child labour included boys and the children of returnee and IDP households.

Children deprived of their liberty include victims of child abuse and exploitation (rather than perpetrators of any offence) and children accused of 'moral crimes', such as adultery or attempts to commit adultery (UNICEF and AIHRC, 2008). Children detained on national security charges are shown to have been tortured and ill-treated and were likely to be deprived of protection rights (e.g. provided with a legal counsel).

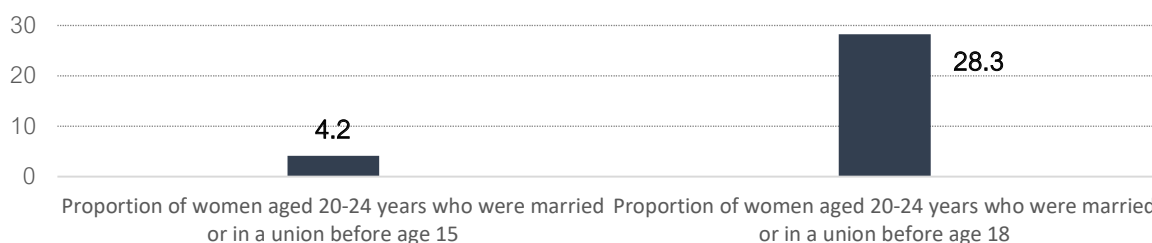
The situation of children affected by armed conflict is deteriorating, with Afghanistan being the world's most affected country by grave violations against children in 2019. Afghanistan registers a significant increase in the number of children killed and maimed; continuing recruitment and use of children in armed conflict; the perpetration of rape and other forms of sexual violence against children, including bacha bazi; and attacks on hospitals and schools (United Nations Security Council, 2020).

**Figure 20. Proportion of Children under 5 years of age whose births have been registered with civil authority (in %)**

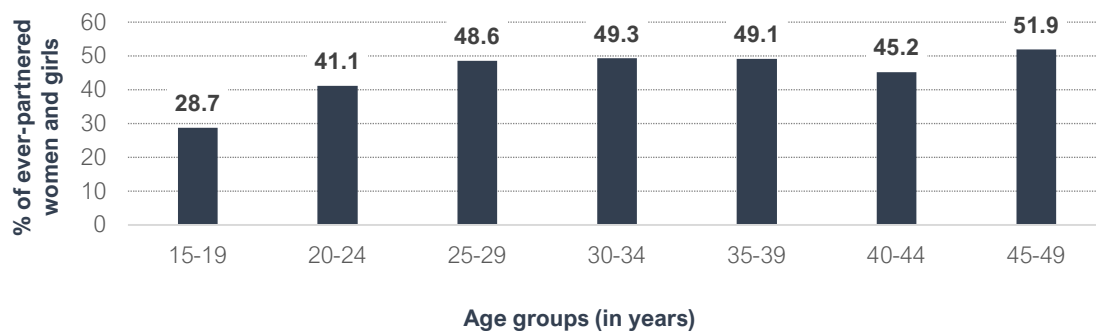


**Figure 21. Proportion of women aged 20-24 years who were married or in a union before age 15 (%) (SDG 5.3.1)**

Source: Global SDG Indicators Database based on data from the Afghanistan Living Conditions Survey 2016-17.

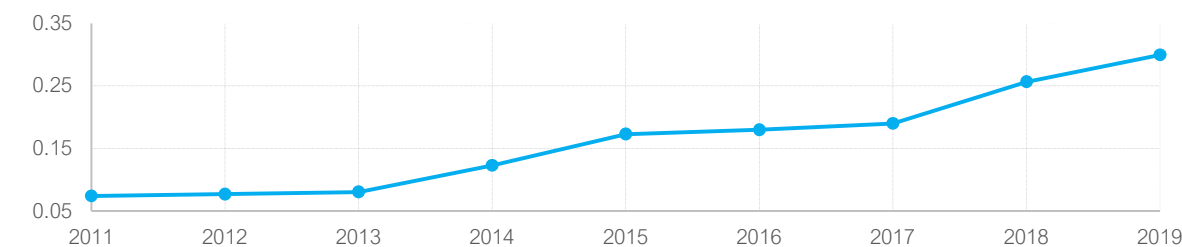


**Figure 22. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months, by age, in 2015 (SDG 5.2.1)**



Source: Global SDG Indicators Database (UN n.d.)

**Figure 23. Battle-related deaths (per 100,000 population) (SDG 16.1.2)**



Source: Uppsala Conflict Data Program<sup>18</sup>

<sup>18</sup>The data can be accessed here: <http://www.pcr.uu.se/research/ucdp/>

## Dimension four

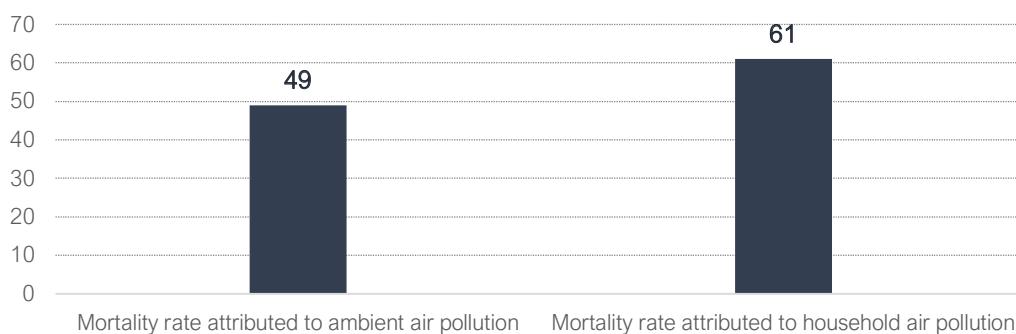
### Every child lives in a safe and clean environment

The fulfilment of women and children’s rights to living in a safe and clean environment has improved since 2014, although significant deprivations and inequities persist. Ambient air pollution and household air pollution (HAP) continue to be threats to the health and wellbeing of children. Air pollution can be lethal for children under the age of five, while it can also result in asthma, bronchitis, other respiratory infections and diseases, and cognitive developmental problems with long-lasting adverse impacts. With most (63 percent) households being deprived of cooking fuel and resorting instead to the use of animal dung, crop residue or bushes, twigs, firewood or charcoal to cook, HAP is responsible for several respiratory infections, disabilities or death (NSIA 2019). Women and children – especially girls – are at greater risk of harm due to HAP, given the country’s negative cultural and social norms that expect females to stay at home more than males.

Access to electricity and water, sanitation, and hygiene (WASH) facilities has improved since the last SitAn was carried out (2014). There is now almost universal access (98 percent) to electricity throughout Afghanistan, though not for all households and not during all hours of the day. Inequalities in access to quality water drinking services still exist between children living in households in urban and rural areas, and children from households of different economic status. Universal access to at least basic facilities for drinking water has nearly been achieved only in the capital, Kabul. In all other provinces the prevalence of unimproved sources or surface water as a source of drinking water ranges between 16 percent and 92 percent (Figure 31). Since the last SitAn, open defecation (OD) has been eliminated in the country’s urban areas, but 17 percent of the rural population still practices it. As of 2017, less than half (38 percent) of the Afghan population had access to basic handwashing facilities at home, with large differences being observed between rural and urban areas. The children at greater risk of hygiene and sanitation problems are those from households in rural areas and Kuchi communities, presenting the highest deprivations in both types of services.

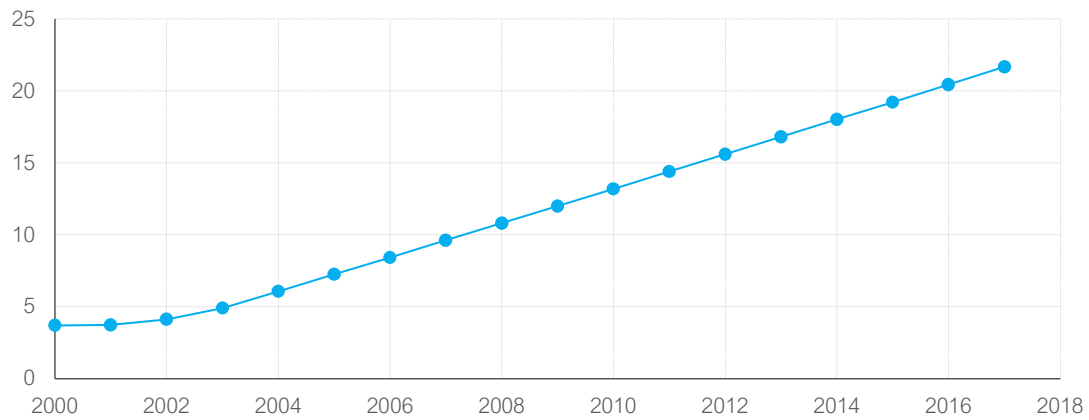
Natural hazards also pose increased risks to the safety and health of children, especially for those living in the poorest households, who experience a natural disaster shock twice as often as the wealthiest households. Natural and environmental disasters interact with a range of socioeconomic vulnerabilities and can lead to considerable adverse effects on children. Such disasters can bring emergency crises for children and pose multiple threats to their physical and mental health and wellbeing due to diseases, malnutrition, and a sense of insecurity.

**Figure 24. Mortality rate attributed to household and ambient air pollution per 100,000 population (SDG 3.9.1)**



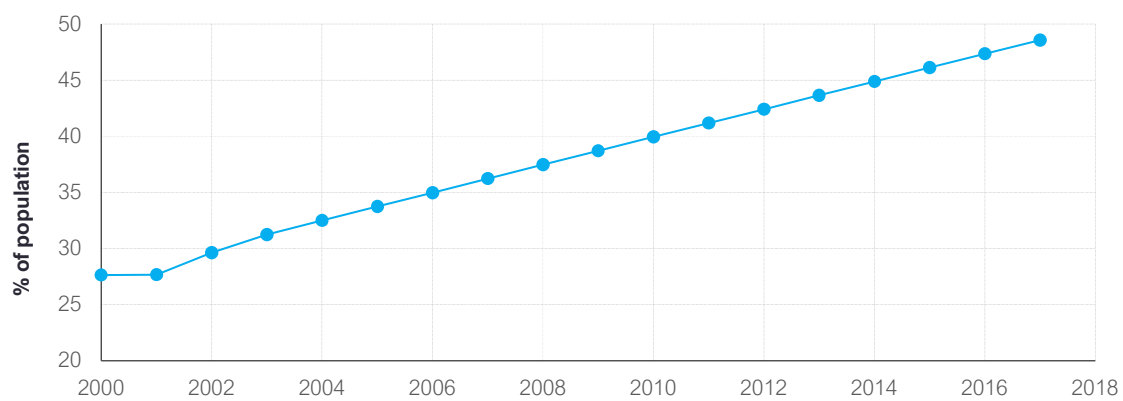
Source: Global Health Observatory (GHO), World Health Organization (WHO)

**Figure 25. Percentage of the population with access to piped-improved drinking water (2000-2017)**



Data Source: WHO/UNICEF JMP.<sup>19</sup>

**Figure 26. Percentage of the population with access to non-piped improved drinking water (2000-2017)**

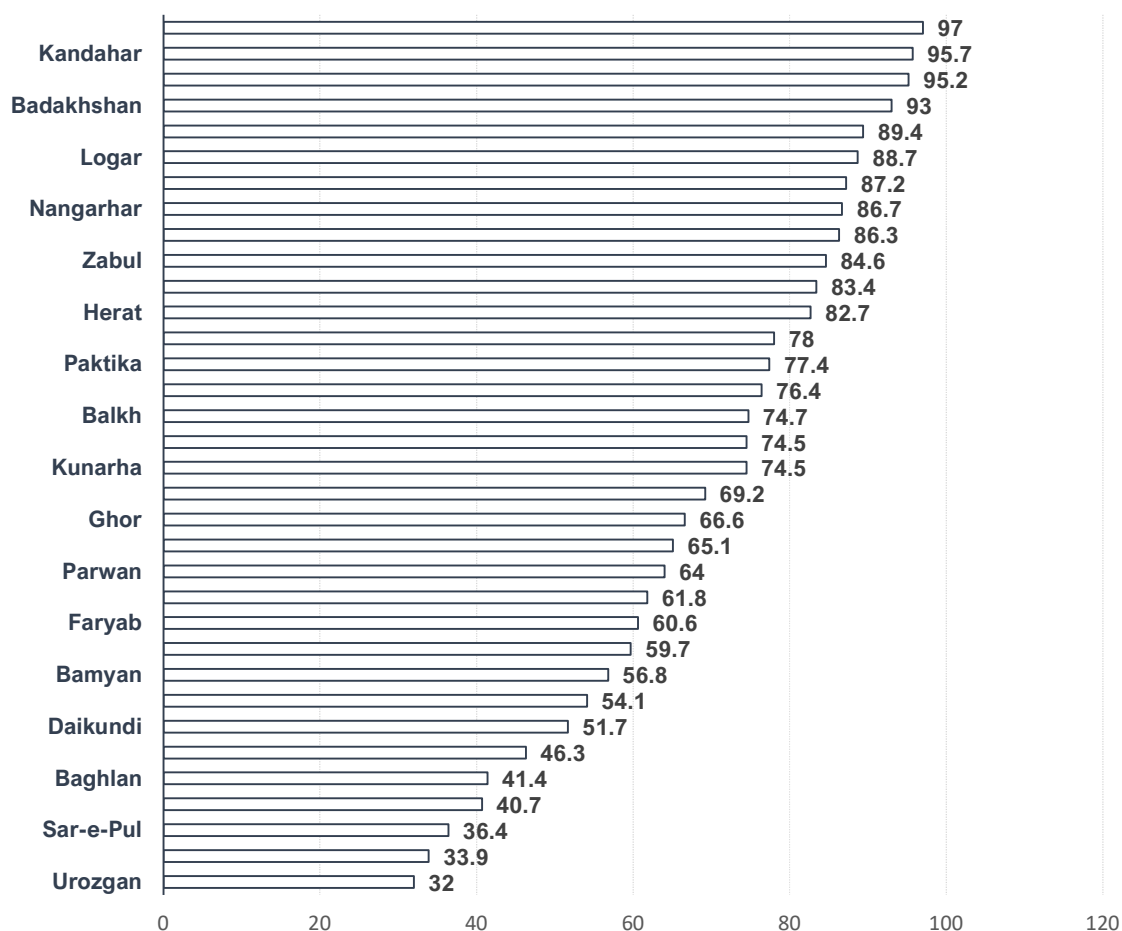


Data Source: WHO/UNICEF JMP.<sup>20</sup>

<sup>19</sup>The data can be found on the JMP dashboard: [washdata.org/data/household#!dashboard/new](https://washdata.org/data/household#!/dashboard/new)

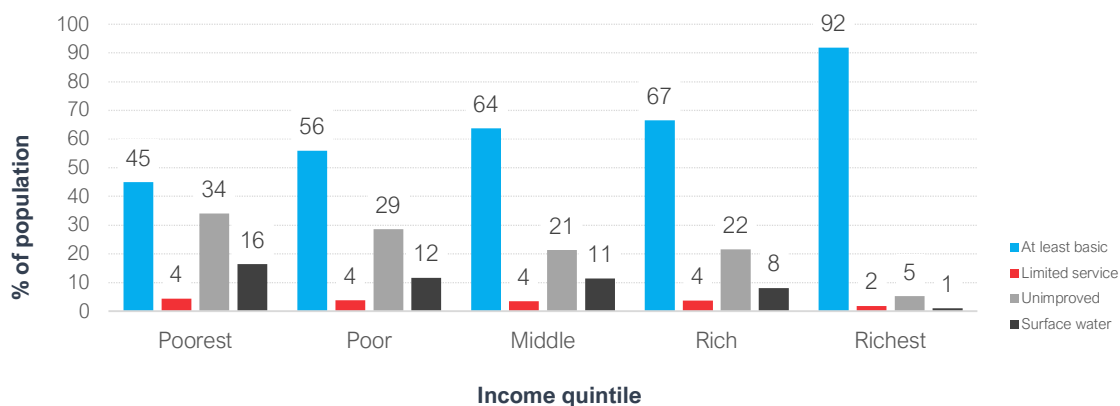
<sup>20</sup>The data can be found on the JMP dashboard: [washdata.org/data/household#!dashboard/new](https://washdata.org/data/household#!dashboard/new)

**Figure 27. Population using an improved water source in 2020, by province (%)**



Source: Income, Expenditure and Labour Force Survey

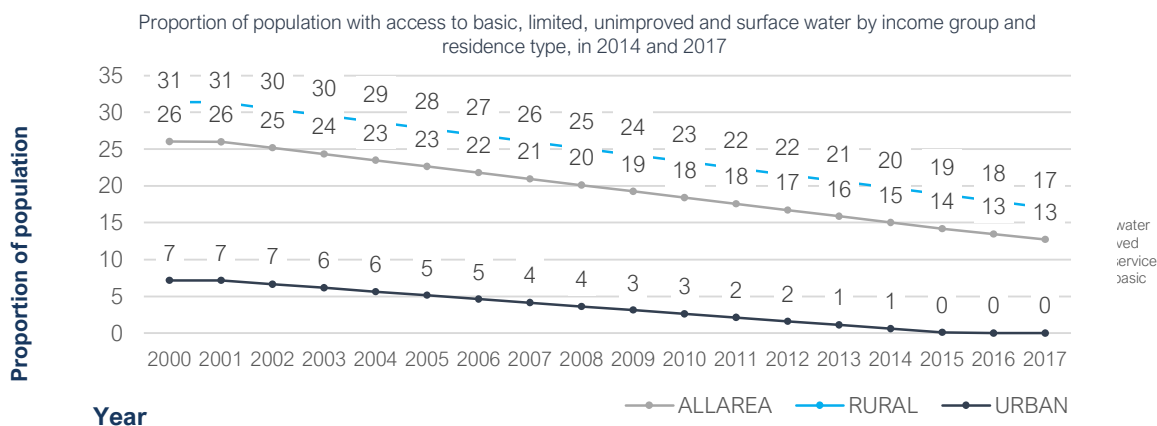
**Figure 28. Access to drinking water services by income quintile**



Data Source: WHO/UNICEF JMP. Note: totals may be off by +/- 1 percentage point due to rounding.

**Figure 29. Access to drinking water services by income quintile and residence type in 2014 and 2017**

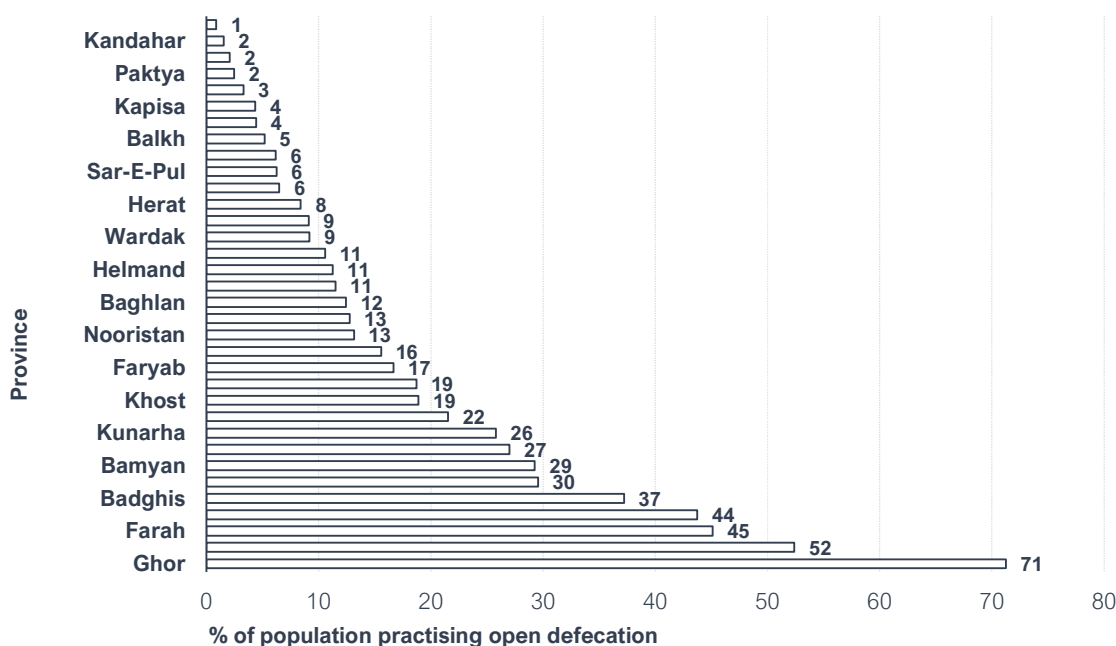
Data Source: WHO/UNICEF JMP.



**Figure 30. Proportion of population practicing open defecation, by residence type (%)**

Data Source: Global SDG Indicators Database. The data comes from the Afghanistan Living Conditions Survey 2017.

**Figure 31. Prevalence of open defecation in 2017 by province**



Data Source: The Afghanistan Living Conditions Survey 2017

**Table 6. Access to at least basic sanitation service**

Quintile	2014		2017		Change in population with access to at least basic sanitation services between 2014-2018
	Coverage (%)	Population	Coverage (%)	Population	
Poorest	25	1,608,322	31	2,195,512	587,190

<b>Poor</b>	25	1,645,363	26	1,876,359	230,995
<b>Middle</b>	29	1,919,102	33	2,311,383	392,281
<b>Rich</b>	27	1,793,944	29	2,065,645	271,701
<b>Richest</b>	52	3,376,152	56	3,953,308	577,156

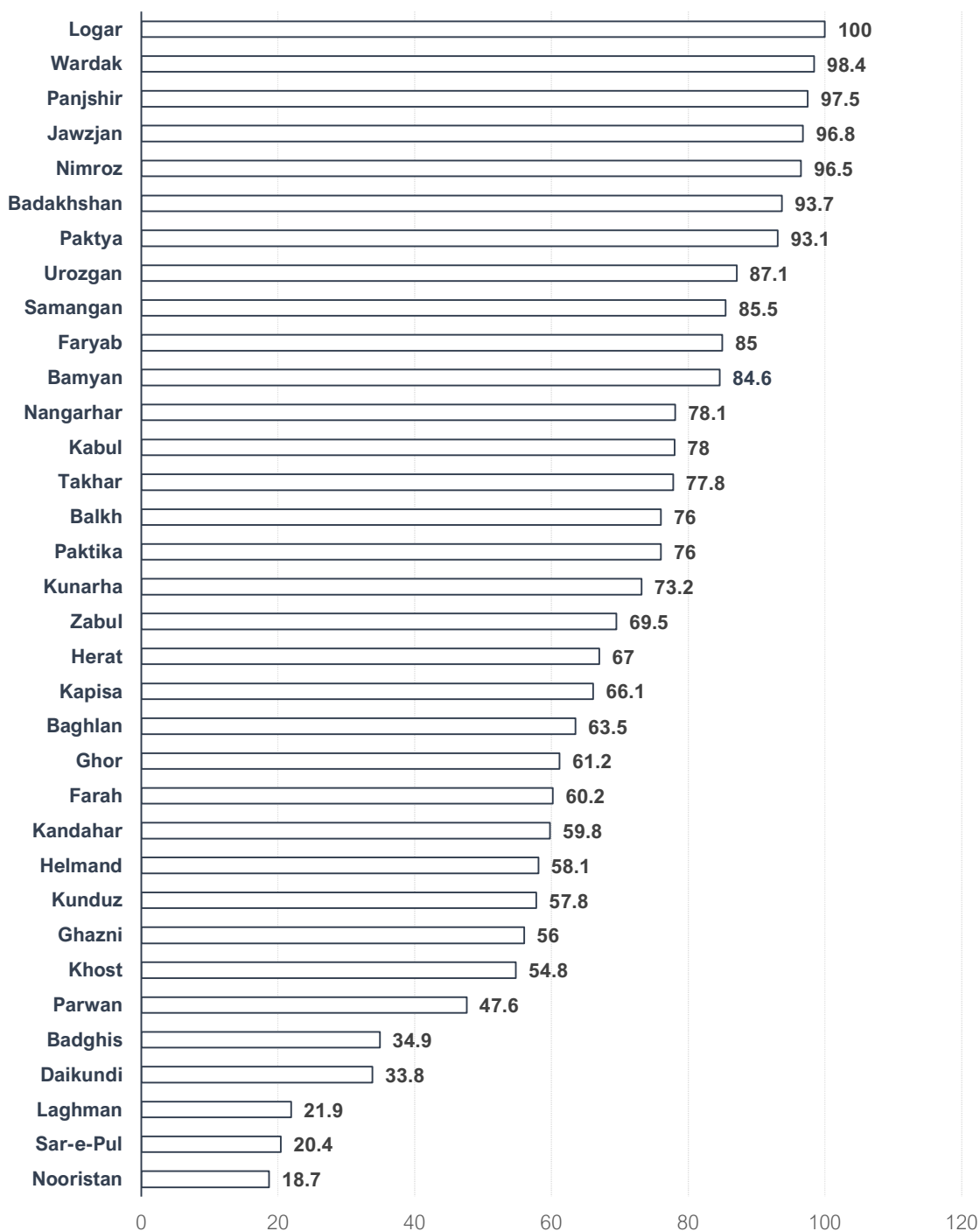
**Table 7. Access to limited sanitation facilities**

Quintile	2014		2017		Change in population with access to limited sanitation services between 2014-2017
	Coverage (%)	Population	Coverage (%)	Population	
<b>Poorest</b>	5	322,974	6	440,891	117,916
<b>Poor</b>	6	416,598	7	475,085	58,487
<b>Middle</b>	8	540,672	9	651,190	110,518
<b>Rich</b>	11	738,906	12	850,818	111,912
<b>Richest</b>	20	1,342,319	22	1,571,789	229,470

**Table 8. Access to unimproved sanitation facilities**

Quintile	2014		2017		Change in population with access to unimproved sanitation services between 2014-2017
	Coverage (%)	Population	Coverage (%)	Population	
<b>Poorest</b>	45	2,949,203	44	3,158,820	209,617
<b>Poor</b>	50	3,246,384	52	3,692,525	446,140
<b>Middle</b>	49	3,214,497	50	3,539,907	325,409
<b>Rich</b>	44	2,875,434	40	2,851,084	-24,350
<b>Richest</b>	27	1,754,375	21	1,519,921	-234,454

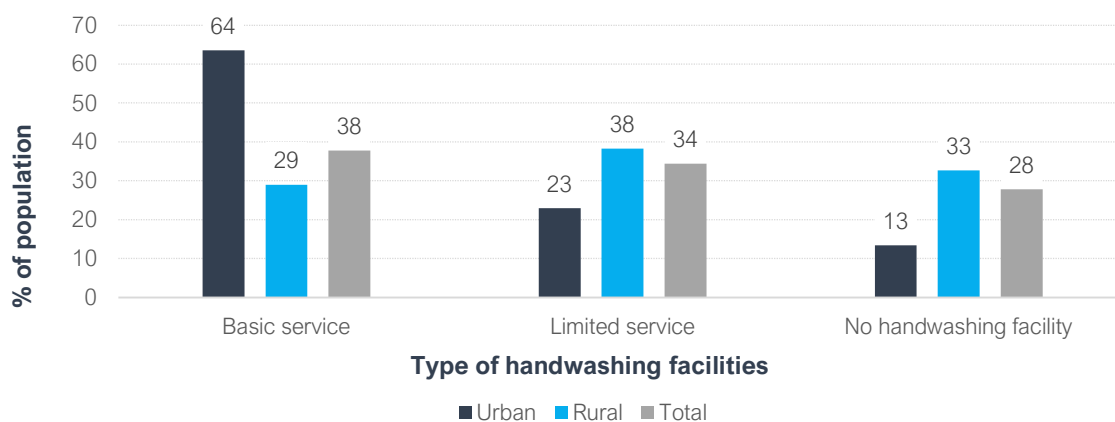
**Figure 32. Population using improved sanitation in 2020, by province (%)**



Source: Income, Expenditure and Labor Force Survey 2020

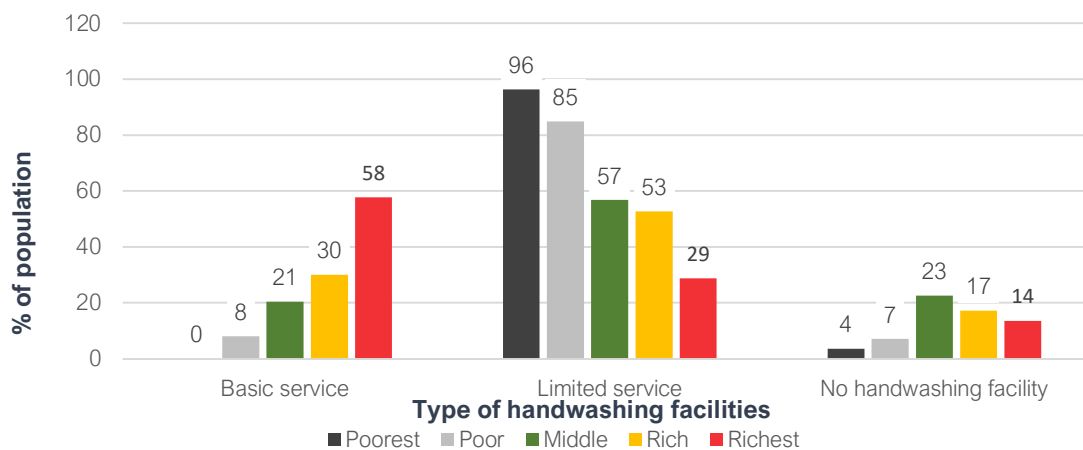


**Figure 33. Proportion of population with basic, limited and no handwashing facilities on premises, by residence type (%) in 2017**



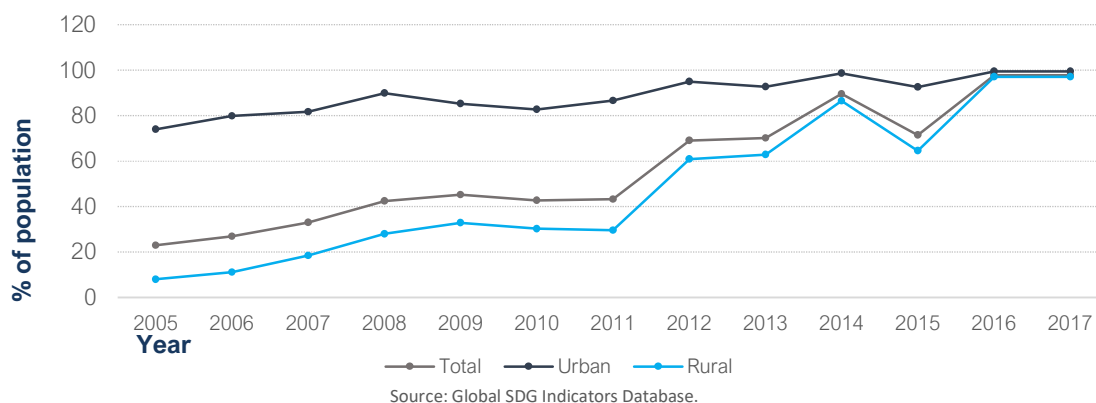
Data Source: Global SDG Indicators Database. The data come from WHO/UNICEF JMP global database for WASH.

**Figure 34. Proportion of the population with basic, limited and no handwashing facilities on premises, by income quintile (%) in 2017**



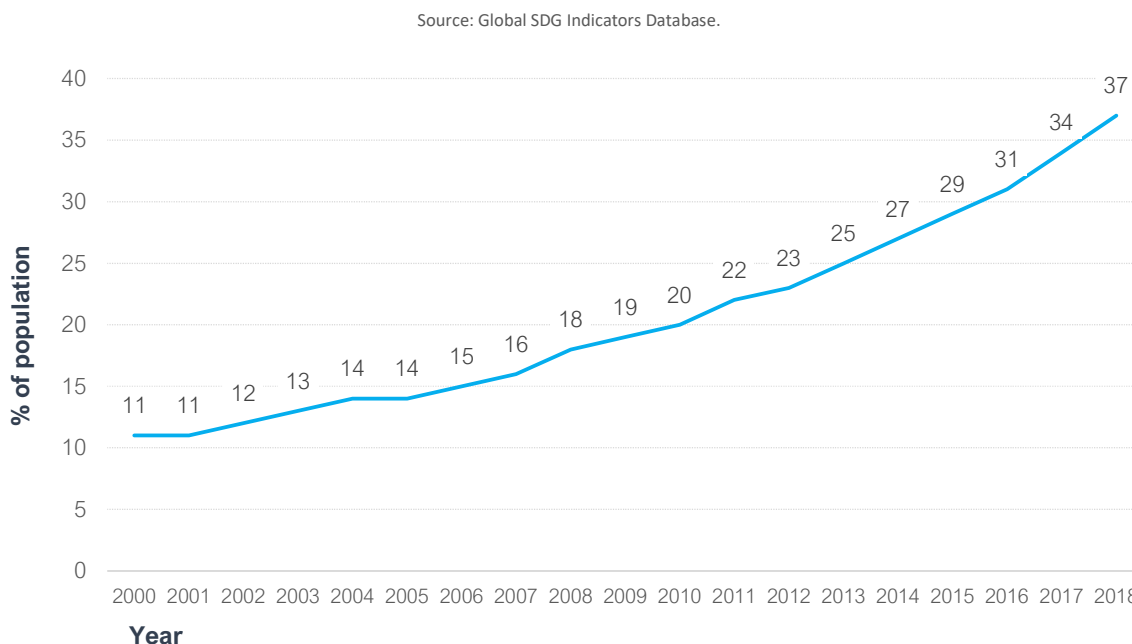
Data Source: Global SDG Indicators Database. The data come from WHO/UNICEF JMP global database for WASH.

**Figure 35. Proportion of population with access to electricity (SDG 7.1.1)**



Source: Global SDG Indicators Database.

**Figure 36. Proportion of population with primary reliance on clean fuels and technology (SDG 7.1.2)**



**Table 9. Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population (SDG 13.1.1)**

Description	2017	2018	2019
Number of deaths and missing persons attributed to disasters	18	-	368
Number of deaths due to disaster	17	-	368
Number of injured or ill people attributed to disasters	89	127	418
Number of missing persons due to disaster	1	-	-
Number of people affected by disaster	29,933	283,200	332,536
Number of people whose damaged dwellings were attributed to disasters	240	5,559	185,512
Number of people whose destroyed dwellings were attributed to disasters	24,315	3,400	146,606
Number of people whose livelihoods were disrupted or destroyed, attributed to disasters	5,289	274,114	-

Source: Global SDG Indicators Database

## Dimension five

### Every child has a fair chance in life

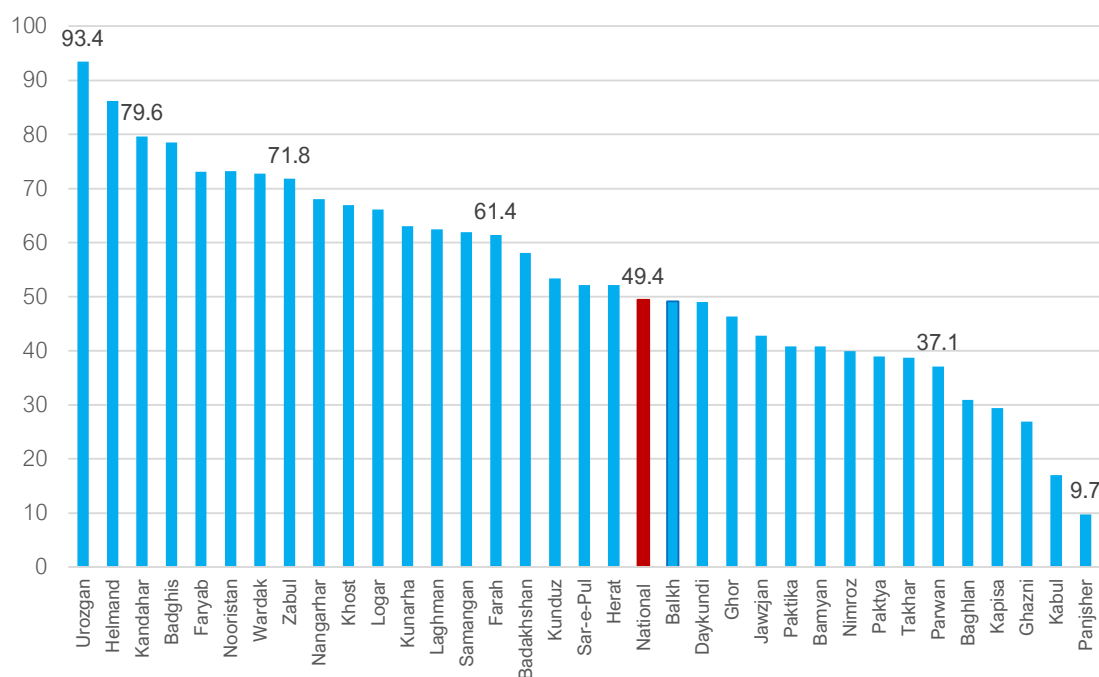
Poverty steals from children what they need the most for their survival and development. Being poor has serious consequences for children’s lives both during childhood and as adults. Poor children are more likely to suffer from malnutrition-related physical and mental development problems or spend less time in education. Poverty also increases health risks for children associated with lack of access to WASH facilities and services. Child poverty increases the risks of child labour and underage marriage, as it creates adverse incentives for households living in areas where these practices are acceptable. Dimension 5 looks at the right of every child to have a fair chance in life, acknowledging the major contribution of poverty to children’s wellbeing and their ability to realize their full potential.

In Afghanistan, child poverty measured in monetary terms has declined to 50.5 percent, and multidimensional poverty for children has decreased to 54 percent. Nevertheless, child poverty, whether monetary or multidimensional, still remains higher than national poverty rates as well as poverty rates in age groups above the age of 18. At a national level, monetary poverty has declined to 47.1 percent from 54.5 in 2016-2017, while multidimensional poverty also fell to 49.4 percent from 51.7 in the same period.

Only one in four children (25.3 percent) in Afghanistan were found to be non-poor in terms of both monetary and multidimensional poverty, according to the 2016–2017 ALCS. The three quarters live in either multidimensional poverty, or monetary poverty or both. Those children in both types of poverty are the poorest of the poor. It is estimated that they account for 40 percent of all children (NSIA, 2019).

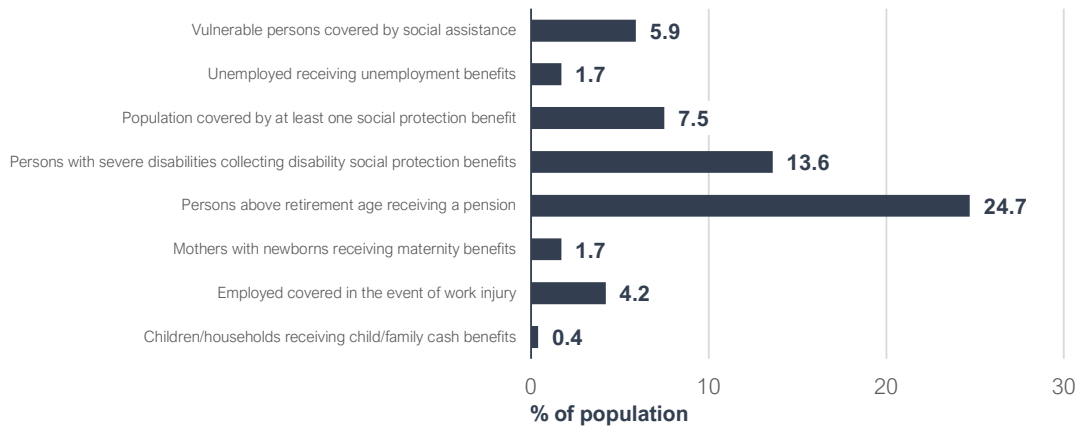
Female schooling is the area of highest deprivation among poor children, followed by school attendance and adequate cooking fuel.

**Figure 37. Multidimensional poverty rates by province**



**Figure 38. Proportion of population covered by social protection floors/systems (%) (SDG 1.3.1)**

Source: ILO's ILOSTAT database



# Recommendations

## Cross-cutting recommendations

Stakeholders across the board (government, NGOs, and international monitoring organizations) urge the peace-making discussions to continue and hopefully resolve the situation. This is the only sustainable way to ensure the protection of women's and children's rights in Afghanistan in the long term.

The government needs to place children's rights at the top of its agenda and utilize more resources in raising awareness within society. This is crucial, considering that cultural norms do not consider children as rights bearers and tend to prioritize the rights of adults.

Improved collaboration between government offices and international aid donors needs to be established on greater transparency, mainly involving the funding channels, the use of resources and the timelines and purposes of programs implemented. Civil society organizations should be better acknowledged and supported in Afghanistan, as they play a crucial role in the realization of children's rights in a context where government structures are weak and fragmented.

The government needs to ensure that the personnel placed in positions related to the implementation of child-focused policies and programmes have the required skills, technical capabilities and preferably relevant experience.

Regarding female empowerment, increased awareness of, and access to, appropriate birth control methods emerged as critical. The review of the relevant literature and discussions with stakeholders suggest that reduced fertility rates would encourage female participation in the labour market, reduce poverty rates and help mothers to raise healthier and happier children.

The impact of COVID-19 on the enforcement of women and children's rights will require extensive research once the pandemic is under control to assess the potential regulations and policies needed to address the pandemic's adverse impacts on the realization of these rights. In a similar vein, robust systems of data collection, analysis and dissemination should be developed by children's rights stakeholders from across the public, private and voluntary sectors.

Finally, there is a need for coordinated intersectoral policies to effectively address the multiple and overlapping deprivations in education, health, and access to WASH experienced by many children in the country.

## Every child survives and thrives

Decisive action is required to improve the nutritional situation in Afghanistan, particularly to reduce stunting and wasting among children under five and pregnant or lactating women. This requires a holistic approach (combining humanitarian and development initiatives), by investing in preventive activities that ensure proper nutrition, health services, safe drinking water and sanitation, education, economic development and other social services (Afghanistan Nutrition Cluster, 2018). Focus should remain on strengthening primary healthcare services, which are the foundation to improved outcomes across all health-related rights of children and women.

Greater focus must be placed on preventive and promotive nutrition service integrated into the package of health services. To address periodic stock outs of iron and folic acid supplementation in health facilities, it is advised to add iron and folic acid supplementation to the quality of care performance indicators, as well as to establish a data infrastructure to track the utilization and wastage of supplements as part of the BPHS.

The evidence review clearly indicates a need to improve households' economic situation so that they are able to make choices for children and women that will better address their nutritional needs. These can include cash transfers, livestock rearing, farming inputs, income generation activities and increased coverage of social protection.

Other promising interventions for improving the nutritional situation in Afghanistan include:

- The scale-up, support and enhancement of the Nutrition Counsellor programme, with a focus on community outreach to improve maternal, infant and young child feeding practices.
- The scale-up of the community-based nutrition package with an increased focus on community preventive and promotive services.
- Increased awareness-raising activities for social and behavioural change, prioritizing critical nutrition related behaviours.
- Increased provision of iron and folic acid supplementation during ANC visits and the provision of WIFS and folic acid supplementation for adolescent girls in and out of school, and the use of multiple micronutrient powders/tablets for children and women.
- Strengthening the monitoring and use of nutrition indicators through integration in Health Information Management System and national surveys.
- Integration of nutrition into community-development platforms, such as self-help groups of the Women's Economic Empowerment Rural Development Project and CDCs for the Citizen's Charter Programme.
- Mobile integrated health and nutrition teams and the use of nursery school and alternative learning platforms to extend reach to hard-to-reach populations.

Considering the financial impact of COVID-19 in Afghanistan's economy and the food insecurity of people in rural areas that has been caused by the consecutive droughts in the past years, NGO stakeholders interviewed by this SitAn argued that an impactful action for the immediate future would be to provide them with food baskets. More targeted campaigns about family support to breastfeeding women are also required, encouraging women to lactate for a longer period after birth and the family to make space arrangements for it.

Every child learns

Future strategies should focus both on building more schools and strengthening the quality of education delivered in schools. The lack of any pre-primary policy and strategy is a key systemic gap affecting school preparedness, which should be addressed. To increase the enrolment of children living in remote areas, transportation allowances could be an incentive for transition to hub school and need to be factored into affirmative action as part of community-based education policy.

Another powerful category in advancing educational goals are national and local religious institutions. As an imperative part of the educational landscape in Afghanistan, these institutions should be engaged to promote long-term social-behavioural change in education, especially girls' education nationwide.

Government sources assess that most international aid is provided for humanitarian purposes, but the budget needs to be directed to development projects as well, schools being such an example. Investments in the quality of schools and classroom teaching should include the provision of incentives for teachers and school staff, as well as better school equipment and infrastructure. The improvement of learning outcomes will

further require public policy to be directed towards large-scale investment in early childhood education, especially in rural areas, to effectively prepare all children for schooling. There is a need for additional frameworks and policies to complement existing efforts and enhance children's rights in education. These include a policy on children with disabilities and a Comprehensive School Safety Framework to protect children from violence in school, as well as an examination policy and a framework for early childhood development.

Given social norms that require girls not to be taught by male teachers, the shortage of female teachers (particularly in rural and hard-to-reach areas) should be a key focus area to reduce gender inequities in educational attainment and should cover all levels of education from pre-primary to upper secondary schools. It is also crucial that the quality of teachers is enhanced, through better teacher selection and training, as well as monitoring and continuous support, including hands-on support to teachers both CBEs and hub schools. A teachers' competency framework and a professional code of conduct for teachers should be developed.

The absence of a policy in the education sector of children with disabilities should be addressed to promote the inclusion of an estimated 4 percent of children that live with some form of disability (MoE 2018). This requires ensuring the accessibility and responsiveness of schools to this group's needs, including by adapting school infrastructure, the curriculum and materials, as well as providing teacher training so that teachers can better attend to the needs of these children.

## Every child is protected from violence and exploitation

A clear need for reforming the country's legal, institutional and policy regime has emerged from analysing children's situation in Dimension 3. Priority should be given to specific legal reforms that will make clear to society where the constitution and the state stand in terms of international obligations on women's and children's rights. To this end, a key area of action is the implementation of the Law on Protection of Child Rights, which has been endorsed by the President of the Islamic Republic of Afghanistan, but has still not been passed by Parliament.

Another key area for future action is the protection and rehabilitation of children affected by armed conflict. In this regard, the implementation of the Road Map of the United Nations/Government Action Plan on the protection of children in armed conflict is crucial, as is the inclusion of sexual and gender-based violence and other grave violations that are attached as annexes to the original plan. Stronger political will and resources are needed to establish a robust monitoring and reporting mechanism to effectively respond to grave violations of child rights and other impacts of armed conflict on children.

Strengthening the national child protection system is also essential to ensure that children are protected from violence and exploitation. A wide range of approaches could be followed, including:

- Investing in strengthening the social service workforce for child protection through capacity-building and training, particularly in developing the know-how to effectively support vulnerable children.
- Strengthening prevention strategies at scale to serve all the population, including preventing the separation of children; the provision of family, caregiver and parenting support; and strengthening safety in schools and online.
- Ensuring free and universal birth registration within the civil registration system, in accordance with national legal requirements.
- Improving children's access to a justice system that takes account of their special needs (in line with the CRC), partly through the establishment of specialized child justice systems.

- The provision of community-based mental health and psychosocial support services, including specialized care to children, adolescent and parents/caregivers. This is key to addressing the many mental health consequences of widespread violence in the country.
- Better allocation of public finances towards the children framework to ensure sufficient and sustainable financing of child protection policies and services.

Regulatory reforms should also be introduced to increase the state's governance effectiveness in monitoring and enforcing the law. These reforms should focus on strengthening the state's capacity to monitor how law enforcement authorities, including the police, prosecutors and judges respond to victims' complaints and whether they take all the appropriate actions (in terms of prosecution, investigation and referrals to support and legal advice services after a complaint is made), and whether they are helping survivors to find justice through the official judicial system.

Appropriate awareness-raising for eliminating harmful practices and transforming social norms that tolerate or ignore violence against children and women should seek to reach all communities in Afghanistan, including those living in remote and inaccessible areas, nomadic communities and IDPs and returnees. Towards this goal, important synergies could be created by coordinating the efforts of the Government, international and national NGOs – who often provide services to vulnerable and hard-to-reach groups in the country – and the major development partners to avoid duplication of efforts and ensure that all communities know about children's and women's rights, the adverse effects of violence and the legal consequences for perpetrators.

Consideration should be given to the rights of Afghan child refugees, internally displaced, or those on the move, and the violation of their rights in places where they seek refuge. NGOs and government sources highlight the ill-treatment of these children, including in Iran, Pakistan, and Europe. They urge increased advocacy to safeguard their rights and to improve their treatment in hosting places.

## Every child lives in a safe and clean environment

Improving WASH resilience for all Afghan communities will require government-led multi-sectoral SDGs-aligned WASH policies and strategies, planning and coordination. The government needs to design and implement policies for mapping, monitoring and regulating the water resources, as well as to promote climate-resilient WASH technologies and water conservation.

A national awareness-raising programme is needed to improve knowledge on the impacts of climate change on the available water resources and transform the prevailing social norms that strongly influence people's sanitation and hygiene behaviours and practices. The MoF will need to make budget allocation available to enhance the resilience of existing WASH systems.

A strategy needs to be put in place to declare Afghanistan open-defecation-free by 2025. It is also critical that open-defecation-free behaviour is sustained in every district that has attained open-defecation-free status as of now.

Reducing air pollution means switching to cleaner, renewable sources of energy, e.g. replacing fossil fuel with solar, wind and thermal sources. Creating green spaces in urban areas also contributes to improvement of air quality, as does the development of affordable public transportation. Sustainable ways of waste management and recycling can also play a key role.

Reducing the risk of natural disasters will require investments in infrastructure that will increase Afghanistan's environmental resilience. According to a recent World Bank report on Afghanistan's disaster risk profile, investments in strengthening dikes and house retrofits could improve cities resilience to floods. House and school retrofits can also be key in reducing the economic costs of earthquakes and fatalities. More effective water management can reduce water shortages and the reinforcement of landslide-prone slopes could



reduce the risk from landslides (World Bank, 2017). A key national priority is for the state to improve the availability analysis and dissemination of early warning signs through the development and tracking of key risk indicators (ILO and UNICEF, 2019a).

## Every child has a fair chance in life

The high prevalence of overlap of poverty in monetary and MPI terms call for cross-sectoral partnerships of the various departments of the Government of Afghanistan to develop and implement long-lasting interventions in social protection.

The positive impact of cash transfers in improving outcomes for children is well established.

Bastagli et al (2016) reported significant evidence on the positive impact on beneficiaries' total household consumption (as a measure of monetary poverty) after access to cash transfer program. Previous research also shows positive links between cash transfers (conditional or unconditional) and improved school enrolment and attainment (Bastagli et al. 2016; Baird et al., 2014), which in turn is associated with multiple benefits for children in areas like future opportunities for employment, enhanced health and reduced perpetration and experience of violence (ILO and UNICEF, 2019a). Evidence shows that cash transfers increased antenatal visits, skilled attendance at birth and giving birth at a health facility, preventative health care visits for under 4 years old children and reduced low birthweight incidences.

However, cash transfers cannot be thought as a substitute to appropriate social norms, attitudes and behaviours towards children or a constitutional, legal and policy framework consistent with human and child rights (ILO and UNICEF 2019b). On the contrary, cash interventions can be an important tool for protecting and supporting children across multiple areas where they experience deprivations and violations of their rights. These can extend beyond the scope of a single dimension of children's rights but expand on issues explored under all the dimensions examined in this study.

Given the low levels of social protection coverage, social protection floors should be expanded to ensure a minimum amount of protection for all households in Afghanistan. Budget allocations should reflect the prevalence and severity of multidimensional poverty. To this end, there is a need for the MPI indicators to be updated regularly to inform the government's fiscal strategy.

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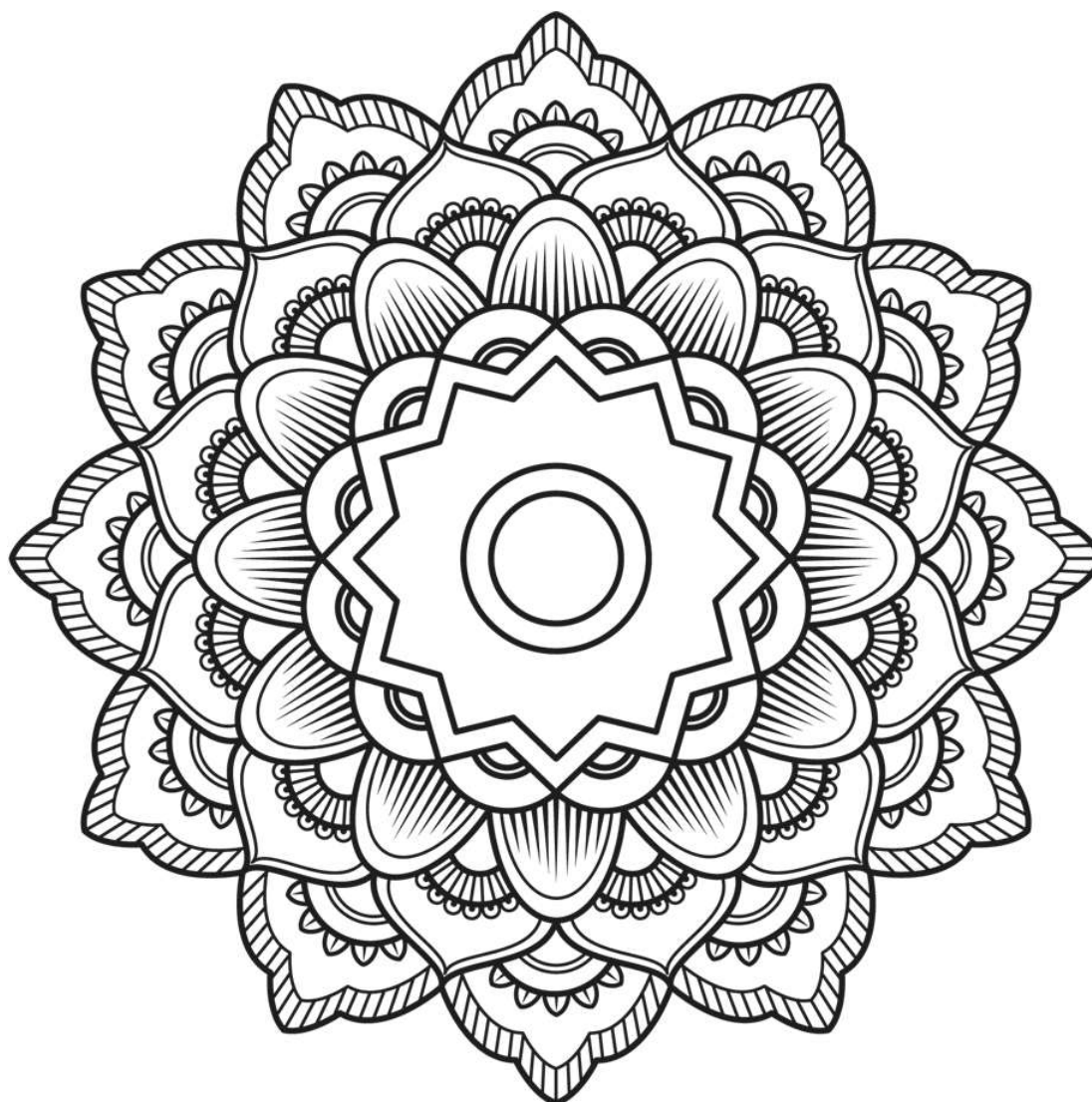
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